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ABSTRACT

Presented is a programed manual designed to instruct special educators in the development of individualized educational programs (IEPs) for students with exceptional needs. An introductory section covers the program description, objectives of the program, purpose and rationale, and information on how to use the program. Section II is an overview in which the purpose and structure of the IEP and the team approach to its development are reviewed. Section III focuses on the Total Service Plan, the broad outline of the student's annual program, developed or designed at a meeting of the School Appraisal Team or Educational Assessment Service in which parents are included. Components, covered in individual sections, for the Total Service Plan include present levels of performance, long range goals, annual objectives, placement alternatives, special education services, and evaluation and annual review. A fourth section focuses on the Individual Implementation Plan (developed and periodically revised by the teacher in cooperation with specialists and parents) with sections on the following components: short term objectives and learning steps, instructional strategies and techniques, materials and resources, and measurements of student progress. The document contains color-coded sheets--white pages denote general information, green pages denote specific details on very young children, and blue pages denote detailed information related to severely handicapped learners. Appendixes include additional case study examples, a glossary of terms, a posttest, and information on additional resources for each component. (SBH)

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INDIVIDUALIZED EDUCATIONAL PROGRAMMING

Emphasizing IEPs for Very Young and for Severely Handicapped Learners

(An IEP on IEP!)

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FOREWORD

To our colleagues in special education:

The program which you are about to begin is the product of six or so long and confusing months of reading the law, the literature, the Federal Regs., the State Plan; writing, rewriting; wondering when things would "fall into place"... and so, "for openers", we want to emphasize two things:

1. This program is based on P.L. 94-142, and the Proposed Rules for its implementation, (Dec., 1976) and on drafts of: California AB 1250; Revised Title 5 Regulations; and the Annual Program Plan of the California State Department of Education Office of Special Education, available at the time of writing.

2. We are aware of concern and controversy surrounding the IEP requirement of P.L. 94-142. We offer this program to California special educators from the perspective, not of mere compliance with the law, but of our personal commitment to the design and delivery of quality educational programs for all handicapped children.

Anne, Cara, Mary, Marilyn
August, 1977, Los Angeles

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SECTION ONE: INTRODUCTION

1. Program Description

This programmed manual is designed to instruct special educators in the development of Individualized Educational Programs (IEPs) for students with exceptional needs. The IEP is presented in two parts; first is the "Total Service Plan" which is the broad outline of the student's annual program, developed or designed at a meeting of the School Appraisal Team (SAT)*, or Educational Assessment Service (EAS)* in which parents are included. The second part is the "Individual Implementation Plan" which is developed and periodically revised by the teacher(s) of the student, in cooperation with specialists and parents. An overview of the organization of this program is outlined in Figure 1. The six components (A-F) of the "Total Service Plan" are presented in Section Three, and the four components (G-J) of the "Individual Implementation Plan" are discussed in Section Four. Preceding these sections is an overview (Section Two) in which the purpose and structure of the IEP, and the team approach to its development, are reviewed.

Figure 1: IEP Program Organization

Section 1	Section 2	Section 3	Section 4	Appendices
Introduction	Overview of IEP's	Total Service Plan Components A-F WHITE = General Information GREEN = Early Childhood BLUE = Severely Handicapped	Individual Implementation Plan Components G-J WHITE = Combination of Early Childhood and Severely Handicapped	For Each
	← Content Mastery Tasks →			
		Practice Activities		
	Reference and Resource Materials			

*Terms used in the California Master Plan for Special Education; currently, in most districts, the Admission and Discharge Committee would conduct this meeting.

While this program is designed to provide general information on developing IEPs, particular emphasis has been placed both on early childhood and on the severely handicapped learner. Throughout the program, the WHITE pages denote general information; the GREEN pages denote specific details on IEP for very young children; and the BLUE pages contain detailed information related to severely handicapped learners.

Sections Two, Three, and Four also include content mastery tasks for review, and activities designed to give you actual practice in developing an IEP. Case Study examples are shown throughout, and selected references and resource materials are listed at the end of the individual section components. In addition, extensive supplemental information is included in the Appendices. All of the tasks, activities, and resources are structured to assist you to accomplish the following general objectives:

2. Objectives

1. List the steps in the IEP process.

2. Distinguish between an IEP Total Service Plan and an Individual Implementation Plan.

3. List the components of the Total Service Plan and of the Individual Implementation Plan.

4. State a rationale for the use of the team approach in assessment and instructional planning.

5. With your team (or on your own), develop and write an IEP Total Service Plan, for an identified student, which includes:

    - present educational performance levels
    - long range goals
    - annual objectives which can be measured
    - placement recommendation
    - special education services needed; suggested media/materials
    - evaluation procedures and review date

6. Based on the student's Total Service Plan, develop and write an Individual Implementation Plan, for one week of instruction, which includes:

    - short-term objectives and learning steps
    - instructional strategies/techniques
    - instructional materials/resources
    - progress check procedures

SPECIFIC INSTRUCTIONS ON HOW TO USE THE PROGRAM ARE GIVEN AT THE END OF THIS SECTION.

3. Purpose and Rationale

Our purpose in developing this program was to assist special educators in California to acquire the skills involved in writing IEPs which comply with the requirements of Public Law 94-142. Our intent was to produce an instructional manual which would have utility across all handicapping conditions and age ranges, and, at the same time, be responsive to a need identified by the California Office of Special Education for training materials focusing on early childhood, and on the severely handicapped. We hope we have succeeded in conveying, that while the specific content of IEPs differs across ages and types of learners, the process and outcomes are consistently the same, regardless of age, severity level, or handicapping condition.

It was also our intent to design the program in a self-instructional format so that it could be used by individuals without assistance from a trainer or facilitator. While we feel that we met this objective, we strongly encourage use of the program by groups, or teams (either formally or informally established), since this allows for simulation and modelling of the IEP development process which, in reality, is a team as well as an individual responsibility.

Throughout this program, EARLY CHILDHOOD includes children with all types and degrees of handicapping conditions who are from 0-5 years of age. SEVERELY HANDICAPPED refers to students between the ages of 6 and 21 years who may be served in programs for the "developmentally handicapped;" "trainable mentally retarded"; "autistic"; "seriously emotionally disturbed" (subclassifications from California Master Plan for Special Education).

Here we would like to briefly share with you some of our thoughts, biases, concerns about the education of young handicapped children, and of severely handicapped students.

Early Childhood--Emphasis on early intervention, and support for early childhood programs for the handicapped, have increased rapidly over the past few years. Witness P.L. 94-142's younger age limit of three years and the financial incentives for preschool programming, as well as results from educational research on the nature of learning in infants and very young children.

Research studies on the effectiveness of early intervention have focused on the following major concerns:

1. Crucial developmental aspects of the first three years of life;
2. Long-term impact of certain types of intervention on later achievement;
3. Parents' needs in coping with the problems of a handicapped child;
4. Training parents as teachers of their own children;
5. Cost of early intervention as compared with later intervention and/or institutionalization.

Data from such studies document that intervention at the earliest possible time has enormous value--from economic, educational, psychological, and sociological standpoints. In fact, one early education research project which studied children in Head Start and other preschool programs, found that children receiving preschool education were significantly less likely to need special education than were other children from identical backgrounds who did not attend preschool. This project included 12 individual studies which followed children for up to 10 years after they left preschool; data from half of the studies have now been analyzed. Of the five completed studies with data on special education; four

show between 50 and 90% fewer special education placements among the children with preschool education (Report on Education Research, 1977, p. 6).

The need for, and potential impact of, early intervention strategies can readily be seen in the following poignant passage from a young blind man's account of his educational experience:

> The reason blind children often retreat into their private, frightening or (as tragic), comfortable world is that the schools fail in their first task, which is to show them life as it truly is. (A blind child at school age)...is already anesthetized to the real world. Unless he has a mother like mine, he looks like a slob because nobody taught him how to label his clothes...that a light-blue jacket, a white shirt, and grey pants go well together. He has already begun to shake his head back and forth as if he were watching a Ping-Pong game. He is already picking at his eyes and his movements are becoming spastic. No wonder when he becomes an adult he is ready to run back to the security of a blind institution. But who's responsible?...You want to help a blind child? Then start by teaching him the common courtesies: how, for instance, to turn his face toward the person who is addressing him, how to mix with sighted children, not as a freak, not as someone to be pitied, but as a person, an individual with feelings and hopes, little hells and talents, too (Sullivan and Gill, 1975, pp. 170-172).

Severely Handicapped--Numerous attempts have been made to formulate an acceptable definition of "severely handicapped;" current discussions often focus on the terms "severely/profoundly" and "low incidence" which have come into common use. In developing the content for this program, we have worked from a broad, inclusive point of view with regard to the "severely handicapped"; if we were asked to identify ourselves with any one particular description of this population it would be the following:

> ...severely handicapped children are somehow more handicapped than other handicapped children and, therefore, represent a smaller subset (the 'tough' ones) of the set of all handicapped children (Northwest Learning Resource System, 1976, p. 2).

We also see immense logic and appeal in the proposition, advanced by Sontag, Smith, and Sailor, that:

> Severely handicapped education represents one of three global instructional areas under a reorganization plan which would include early childhood education and general special education as the other two areas. Assignment of children to the new areas would be according to the nature of the children's service requirements and, indirectly, on the basis of competencies of teaching personnel (1977, p. 8).

For a critical examination of various approaches to the problems of definition and categorization of the "severely/profoundly handicapped", we recommend the article by Sontag, Smith, and Sailor cited above.

The whole concept of severely handicapped has changed radically in the past few years; such persons are no longer considered hopeless and untrainable. We now know more about certain segments of this population. For example, the work of Stein and Susser (1975) shows that, "the prevalence rates for severe and profound retardation, unlike those for mild and moderate retardation, are not affected by social, cultural, or historical factors" (Berkson and Landesman-Dwyer, 1977, p. 428). The application of learning theory principles and of new methods for observing and assessing behavior, as well as the focus on ecological variables, have contributed greatly to educational innovation for the severely handicapped. Berkson and Landesman-Dwyer, in their extensive review of 20 years of research on severe and profound mental retardation, point out the curious fact that current thinking with regard to this population actually closely parallels ideas held in the first half of the nineteenth century:

> Itard and Seguin both had faith that with environmental stimulation and formal training the behavior of individuals at all levels of intellectual functioning could be markedly improved. This faith has characterized and motivated the research of the past 20 years (1977, p. 428).

We share the belief that:

> Inasmuch as a severe or profound handicap is a matter of degree of disability, it follows that children with such impairments may start out both in life and in education at relatively the same point, but their individual potentials will vary spectacularly. An excellent example of a child with a profound functional handicap is the young Helen Keller who, without proper education and training, manifested extreme intellectual impairment but, with enlightened help, became quite another person. Although it now appears that few of the severely/profoundly handicapped (or, for that matter, the gifted) will duplicate the achievements of Helen Keller, these students can make very significant educational gains, and the demonstration of this by special educators has provided the impetus for their intensified public education (Sontag, Smith, and Sailor, 1977, pp. 5-6).

Individualized Educational Programming--is an integral and vital aspect of the child advocacy movement which:

> ...speaks not only to the need to provide more effective integrated services, a message most all acknowledge and support, but it also speaks to the need to defend the child against services, no matter how well intended, that favor the interest of the system at the expense of the child (Paul, 1977, p. 5).

4. How to Use This Program

This program may be used by small groups, large groups, or by individuals. As we said earlier, we suggest that its use by teams, small groups, or pairs of colleagues allows the greatest opportunity to simulate the IEP process and to practice writing an IEP cooperatively.

A: How to use this program as a team--

1) Get together with one or more colleagues in your school, or program area. Most preferable is to team up with persons who will be serving with you on the SAT, EAS, or Admissions and Discharge Committee. A group facilitator may be included, but is not required.

2) Identify a special education student (or referral) on whom assessment has been completed. This student will be your team's "case study", and you will be developing an actual IEP for this student as you complete this program.

3) Beginning with Section Two, team or group members individually read the narrative portions of the program and attend to the Progress Checks at the end of each section or component.

Everyone, regardless of area of interest and/or expertise, should read the WHITE pages.

Persons who work with very young (0-5 yrs.) children should read the WHITE AND GREEN sections.

Persons who work with severely handicapped students, aged 6-12, should read the WHITE AND the BLUE sections.

4) Following the reading of Section Two, and following the reading of each component (A-F) of Section Three, team or group members meet periodically to complete the tasks and activities related to writing, component by component, a Total Service Plan for their identified student.

5) In Section Four, the Individual Implementation Plan, there are no color-coded components. Each participant should read each white component (G-J), and the team or group should meet, as in step d), to complete the writing of each component of their student's Individual Implementation Plan.

B: How to use this program on your own--

1) The first thing to do is to remind yourself that writing an IEP is a team responsibility, and so you should not expect, on your own, to write as complete a plan as the ones shown in this program.

2) On your own, complete steps 2), 3), 4), 5), above. If possible, discuss your work with colleagues who know the student whose IEP you are developing.

C: How to use this program in a workshop--

The content of this program can be adapted for use in face-to-face training sessions; for example, the narratives for each component can be condensed into three or four critical points and presented to a large group. Progress checks (content mastery tasks) can be completed in small groups, where handouts, or copies of the complete narratives, are made available to participants for future reading. Writing of the IEP in the small groups, one component at a time, can be alternated with large-group content presentations.

An optional Posttest is included in Appendix III. For additional materials and ideas on inservice training in the area of IEP, consult Individualized Educational Plans (IEPs): A Trainer's Guide (Volkmor and Pasanella, CRRC, 1977) which is available through the CLRC Associate Center Network.

NOTE: THIS PROGRAM IS PRESENTED IN A SEQUENCE WHICH CONFORMS TO THE CRRC IEP FORMAT; FOR BEST RESULTS, WE RECOMMEND THAT USERS COMPLETE THE PROGRAM TASKS USING THE CRRC IEP FORMS. (Blank forms can be found at the end of this manual.)

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SECTION TWO: AN OVERVIEW OF THE IEP

The intent of this chapter is to:

1. Define what an IEP is, as required by P.L. 94-142;
2. Describe the development of the IEP within the context of the total Instructional Programming Process;
3. Describe how an IEP is developed and by whom;
4. List what an IEP must contain by law, and
5. Introduce and briefly explain the IEP forms which will be used throughout this program.

What Is An IEP

According to P.L. 94-142, an Individualized Education Program (IEP) is:

> A written statement developed in a meeting with a representative of the local educational agency, the teacher, the parent, and the child, where appropriate. The written statement on each child includes documentation of decisions reached about the objectives, content, implementation and evaluation of the child's educational program.

The IEP is developed by a team. In California, this team is called the School Appraisal Team (SAT)* or the Educational Assessment Service (EAS).* More information about the composition and functions of this team will be presented later in this section.

The actual writing of the IEP is only one step in a sequence of steps within the all-encompassing process called Instructional Programming.

The Instructional Programming Process

The IEP is at the heart of the intent of the P.L. 94-142. It is the method thru which a free appropriate education can be delivered to each handicapped child. However, the IEP cannot be viewed in isolation. It is developed as one part of a process that must be viewed in total.

The process of Instructional Programming (Figure 2) includes the following six steps or phases:

1. Referral
2. Assessment
3. Instructional Planning
4. Placement
5. Instruction
6. Review

1. Referral

The process begins when a student is referred by school personnel, other professionals, parents/guardians, or him/herself, to the School Appraisal Team (SAT) or Educational Assessment Service (EAS). Conducting a preliminary screening, via the gathering of relevant information and direct observation of the student, is typically part of this phase. If it is determined that the case should be reviewed by the SAT or EAS, a plan to conduct an assessment is initiated and parents/guardians are notified of due process.

*Terms used in districts implementing the California Master Plan for Special Education. Other districts are using Admissions and Discharge Committees.

Instructional Programming Process

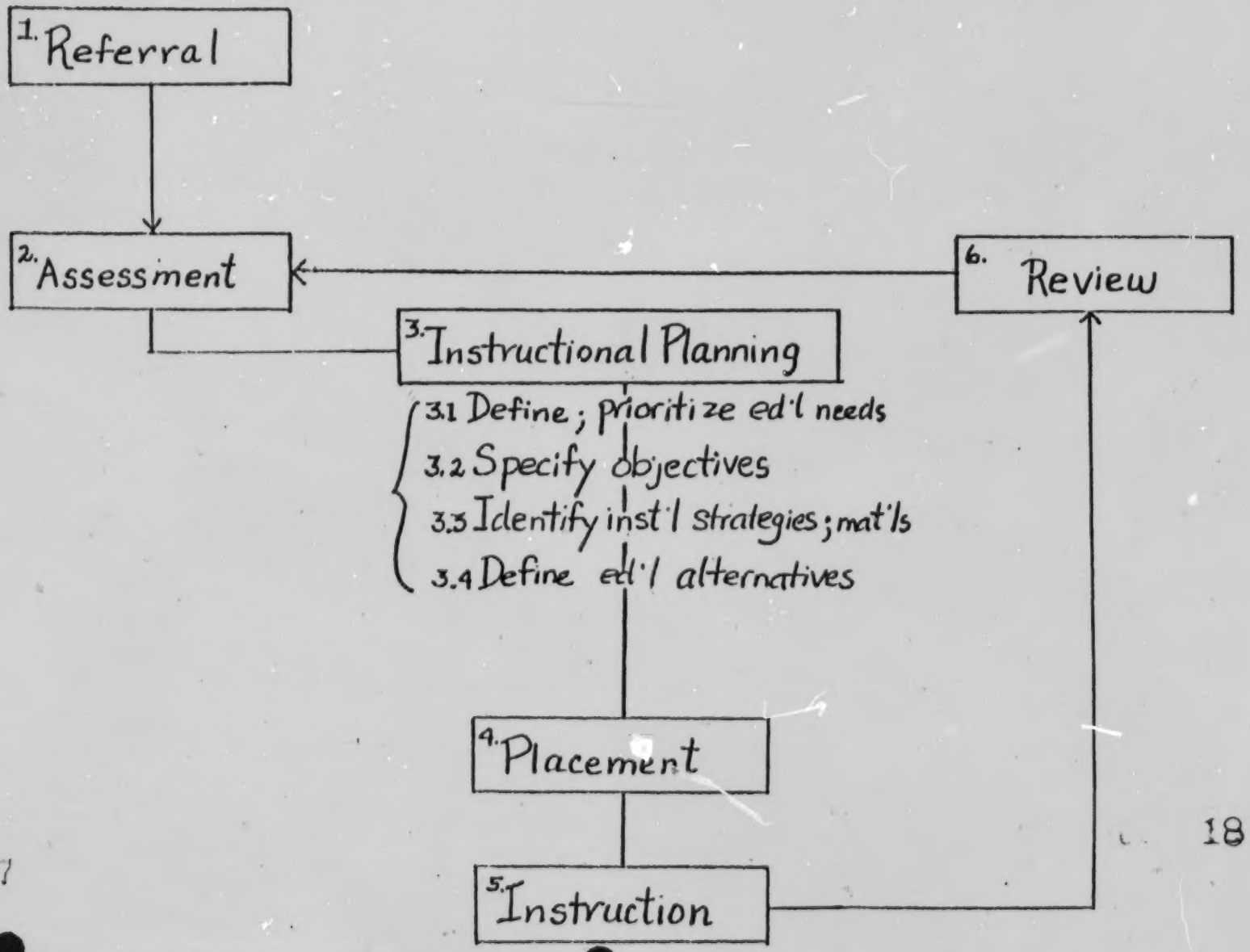

Figure 2

2. Assessment

The assessment of the referred student must be conducted by the SAT or EAS within a specified time period (see State Regulations) from the date of the referral, and be in accordance with the state guidelines. Both formal and informal assessment instruments and procedures, provided they are culturally appropriate (nondiscriminatory), may be used. The assessment phase must provide adequate information for making a pupil placement recommendation, and for designing instruction.

3. Instructional Planning

This phase must also be completed within the same time period (from date of referral). Instructional or Educational Planning is a team effort conducted cooperatively with parents, teachers, and sometimes the student. Based on the assessment data and placement recommendation, planning begins by:

3.1 Defining and prioritizing the student's educational needs for the purpose of identifying a probable instructional sequence, guiding the selection of methods and materials, and communicating to parents. Academic and behavioral areas (i.e. basic skills; body coordination, etc.) which should receive attention are spelled out in the state regulations. Outcomes of this process are statements of the student's present performance levels.

Once the student's educational needs have been listed in order of importance, the next substep is:

3.2 Specifying instructional goals and objectives in such a way that they are measurable, time-referenced statements of what the student can realistically be expected to accomplish. Objectives must always be related to the student's defined educational needs.

When the learning objectives have been specified for the student, the SAT or EAS then is ready to complete the following substeps:

3.3 Identifying instructional strategies and materials; and

3.4 Defining educational alternatives.

These substeps (3.3 and 3.4) include the specification of teaching methods/services (e.g. tutoring; modeling; counseling; mobility training), and of child-use instructional materials (3.3) as well as the type of program, classroom, or setting needed (3.4) to enable the student to successfully meet the objectives. In effect, the definition of educational alternatives involves a placement decision, and until a placement is determined, substep 3.3 cannot be fully completed; therefore, these substeps must occur in tandem. While the availability and accessibility of programs, services and materials is of importance here, a primary consideration is the concept of "least restrictive alternative." Keeping in mind that handicapped students must be served within the context of the educational mainstream to the maximum extent possible, the most appropriate placement--ranging from a modified regular school program to hospital or residential school placement must be determined. All of the four substeps are then documented in the form of an individual educational program (IEP).

4. Placement

Parents/guardians of the student have the legal right to be involved in placement decisions; their participation in the various steps of the programming process should be actively encouraged. Parents also have the right to accept or reject placement recommendations made by the SAT or EAS. Review and appeal procedures must be established and communicated to parents before assessment begins.

5. Instruction

Instruction, of course, is an on-going phase during which the student's instructional plan is implemented. Effective instruction, by definition, includes continuous assessment of the student's skills and behaviors for the purpose of evaluating progress and identifying additional or new educational needs. Progress checks may indicate an immediate need for major or minor modification of the student's plan, and must not be left until the time of the required annual review. The student's classroom teacher has the primary responsibility for implementing the student's instructional plan; however, various support services are available. These include the services of the Resource Specialist and/or Program Specialists who are responsible for consultation, coordination, demonstration and direct teaching functions to support the activities and extend the skills of regular and special class teachers.

6. Review

A review must be conducted by the SAT or EAS at specified intervals (annual). The student's progress, in terms of the written instructional plan, is analyzed. This step includes a review of the student's placement to determine if a less restrictive option would be appropriate and also documentation of other recommended changes in the student's instructional plan (viz. objectives, teaching strategies, etc.) based on reassessment. Parents, school personnel, or other professionals working with the student may request a review at any time. Parents must be notified annually of this right.

Once a student has been referred, assessed, and identified as a person with exceptional needs, the instructional programming process, outlined above, continues until such time as a determination is made that the student no longer requires special education services. The process has, of course, intense relevance for regular education as well.

The steps of the Instructional Planning Process may be grouped into four phases.

1. Information Gathering (Referral and Assessment)
2. Committee Decision Making (Instructional Planning and Placement)
3. Implementation of the Program (Instruction)
4. Monitoring and Evaluating the Program (Review).

> No step in this process can be effective without the prior step. The quality of the program developed depends upon the assessment data. In turn, the quality of instruction that a child receives will be influenced by the adequacy of the plan developed (NASDSE, 1976, p. 15.).

Conducting and monitoring this process is the responsibility of a team, as we mentioned before.

The Planning Team

P. L. 94-142 requires that the written IEP be developed in a meeting. Furthermore, the following persons must be included at the meeting:

1. A local education agency representative, other than the child's teachers, who is qualified to provide, or supervise the provision of, special education.

2. Child's teacher or teachers--special and/or regular,--who will have a direct responsibility for implementing the child's IEP.

3. The child's parent(s).

4. The child, where appropriate

5. Others (at the discretion of the parent or LEA)

California legislation provides a two level structure for planning teams--the SAT and the EAS.

Members of this planning team share responsibility and expertise in identifying, selecting and programming for learners in need of special programs and services.

Figure 3 (NASDSE, 1976, p. 18) is included to illustrate possible team member roles and responsibilities.

Figure 3

TABLE 3: Sample Distribution of Responsibilities of Committee Members

Title/Role	Responsibilities
Administrator	1. receive referral 2. appoint chairperson 3. recommend persons for committee membership 4. provide for inservice training for committee 5. make scheduling arrangements for committee members 6. provide resource materials needed by other members 7. provide information on capabilities of the school system 8. provide support for implementation 9. arrange support for implementer completion of IEP
Chairperson	1. facilitate total committee process 2. organize collection of pre-committee child evaluation data 3. coordinate committee activities 4. communicate with parents 5. arrange for interpreter/translator, if necessary 6. organize all forms and other materials 7. facilitate group decision-making 8. supervise record-keeping procedures 9. insure due process procedures 10. chair committee meetings 11. assign roles to other committee members
Parents/child	1. provide information concerning home situation 2. provide input for development of goals for the child 3. provide support for child evaluation and planning/placement
Referring Teacher(s)	1. provide objective and subjective information on performance 2. provide reality-based suggestions for development of IEP 3. provide reality check for suggestions of other committee members 4. provide summary of classroom assessment 5. provide recommendations for child evaluation needed
Receiving Teacher(s)	1. define capabilities and constraints of receiving situation 2. provide input for development of plan
Child Evaluation Coordinator	1. distribute/collect evaluation report forms to/from child evaluators 2. arrange further child evaluation as necessary 3. compile child evaluation information 4. make recommendations to committee based on compilation
Parent/Child Liaison	1. carry out all parent/child contacts required by law 2. counsel parents/child on their rights 3. conduct home visits 4. obtain parent/child signatures on appropriate forms 5. explain total process to parents
Implementation Liaison	1. monitor child's progress after implementation of IEP 2. submit progress reports to team members 3. coordinate implementation and monitor according to criteria set in IEP
Consulting Specialists	1. provide comprehensive analysis of child within area of expertise 2. provide specific information describing child's strengths and weaknesses 3. provide specific recommendations for placement/planning decisions 4. complete forms
Recorder	1. keep an accurate record of committee meetings 2. maintain a file of proceedings/decisions

The team approach to developing an IEP offers the opportunity to:

1. Involve persons with a variety of competencies and skills in the decision making process;
2. Increase support for implementing decisions;
3. Involve potential implementors in the decision making process;
4. Conform to due process guidelines.

What does a written IEP contain by law?

P. L. 94-142 requires that the written IEP include:

a. A statement of present levels of educational performance
b. A statement of annual goals, including short-term instructional objectives
c. A statement of the specific educational services to be provided and the extent of participation in regular educational programs
d. The projected date for initiation and anticipated duration of services
e. Appropriate objective criteria and evaluation procedures and schedules for determing, on at least an annual basis, whether instructional objectives are being achieved.

The proposed rules and regulations for P.L. 94-142, Section 121a.225, add greater specificity to the law itself. As they stand at the time of this writing, the 1976 regulations require that the following information be included in an IEP:

The individualized education program for each child must include:

A. A statement of the child's present levels of educational performance, including academic achievement, social adaptation, prevocational and vocational skills, psychomotor skills, and self-help skills;

B. A statement of long range goals which describes the educational performance to be achieved by the end of the school year under the child's individualized education program;

C. A statement of annual instructional objectives, which must be measurable intermediate steps between the present level of educational performance and the annual goals;

D. A statement of specific educational services needed by the child, including a description of:

   1. All special education and related services which are needed to meet the unique needs of the child, including the type of physical education program in which the child will participate, and

   2. Any special instructional media and materials which are needed;

E. The date when those services will begin and length of time the services will be given;

F. A description of the extent to which the child will participate in regular education programs;

G. A justification for the type of educational placement which the child will have;

H. A list of the individuals who are responsible for implementation of the individualized education program; and

I. Objective criteria, evaluation procedures, and schedules for determining, on at least an annual basis, whether the short term instructional objectives are being achieved.

The previous components are the minimum as required by law. California takes the process one step further beyond the team stage. The plan implementors must develop the IEP more specifically into implementation and intervention strategies by writing short-term objectives.

The IEP Form

Now let's take a look at the IEP form itself. There are two levels to the written IEP:

1. The Total Service Plan, or that plan which describes present performance levels, long-term goals, and annual objectives for both instruction and related services, and recommends placement and,

2. The Individual Implementation Plan which details short-term objectives and specific strategies for educational intervention.

Development of the Total Service Plan is the responsibility of the team, while the Individual Implementation Plan is the responsibility of the implementors who will work with the child on a daily basis.

The Total Service Plan

Figure 4 is an example of a Total Service Plan. The numbers in each column or space refer to the numbered explanations which follow.

Figure 4

IEP - Total Service Plan

Student's Name School Meeting Date Committee Members Parent Signature of Approval	(4) Placement Recommendation (5) % of Time in Regular Education (6) Justification for Type of Placement (include other alternatives considered) (7) Placement Date	Special Education and Related Services (8) Type of PE Career Ed	Start Date (9a)	Duration of Service (9b)
Present Levels of Performance	Long Range Goals	Annual Instructional Objectives for Each Goal (Include evaluation criteria)	Evaluation Procedures	Review Date
academic (1) self-help social psychomotor prevocational/vocational	(2)	(3)	(12)	(13)
Persons Responsible for Implementing IEP	Special Inst'l Media/Materials Needed (suggestions to implementers)			
(10)	(11)			

When developing the total service plan, the team must:

1. Provide a summary of students's present level of performance in each appropriate learning area; based on assessment information; a description of specific skill levels, not merely restating test scores.
2. List prioritized program goals for the student. Goals reflect what the team expects to see accomplished with the student on a long-term basis and what outcomes can be expected; they are based on assessment data.
3. Specify annual objectives, stated in measurable terms, for each goal.
4. List the placement alternative recommended for the student.
5. Specify how much time, if any, the student will spend in regular education.

6. Describe other placement options considered and why recommended placement was selected.

7. Enter the placement date.

8. Enter specific educational/support services need to meet program goal(s).

9. (a) Indicate date service(s) will begin and (b) anticipated length of time they will be delivered.

10. Enter the name(s)of person(s) responsible for implementing the IEP.

11. List specific suggestions for methods/media/materials that the person(s) implementing the plan may employ.

12. Describe how accomplishment of each annual objective will be measured.

13. Set a date for review of the IEP within one year of placement.

Figure 5 is an example of a completed Total Service Plan. Complete case studies are included in Appendix I.

Figure 5

IEP - Total Service Plan

Jane (DOB 11-11-58) Student's Name	Special complex Placement Recommendation	Special Education and Related Services	Start Date	Duration of Service
Wilson School	0% % of Time in Regular Education	Transportation	9-13-76	1 year
9-7-1976 Meeting Date	Needs structured program with behavior and language emphasis. Too old to stay in elem. TMR program and does not have social skills for high school program Justification for Type of Placement (include other alternatives considered):			
Committee Members Lea (psych), Roe (teacher) Olson (speech), Wagner (admin), Walter (new teacher), Brown (Regional Center), Dobbs (prog) Mrs Pat Jon (guardian) Parent Signature of Approval	private school home teacher	within classroom program Type of PE	9-13-76	1 year
	9-13-76 Placement Date	within classroom program Career Ed	9-13-76	1 year

Present Levels of Performance	Long Range Goals	Annual Instructional Objectives for Each Goal (Include evaluation criteria)	Evaluation Procedures	Review Date
Observation, Santa Barbara Behavior Assessment academic. Can trace geometric shapes and first five letters of alphabet; recognizes her printed name language: no expressive language; responds to name and 1-2 word commands	1. Jane will use sign language for expressive communication.	1. Jane will give appropriate sign for 9 out of 10 objects at home and/or in class.	observation Santa Barbara behavior assessment	5-2-77
self-help- leaves bus and goes to classroom without assistance. She toilets herself, washes and dries hands, feeds herself. Unable to dress herself completely	2. Jane will dress and undress herself without assistance	2. Jane will dress herself in the morning and undress at night without assistance every day.	"	5-2-77
social- responds to her name but does not give appropriate greeting or farewell				
psychomotor poor fine motor control on pencil tasks. Gallops instead of runs	3. Jane will write her full name.	3. Jane will print her first name legibly at the top of her worksheets upon request.	"	5-2-77
prevocational/vocational. can sit appropriately for 1 min and maintain eye contact for 10 seconds				

Persons Responsible for Implementing IEP	Special Inst'l Media/Materials Needed (suggestions to implementers)
Mrs Walter	Signing Exact English Training the Retarded at Home or In School Use materials found in Jane's environment

The Individual Implementation Plan

Figure 6 is an example of an Individual Implementation Plan. The numbers in each column refer to the numbered explanations which follow.

Figure 6

Implementation Plan For _____ (Student's Name)

Short Term Objectives (Sequence of Learning Steps For Annual Objective # _____)	Person Responsible	Instructional Strategies/ Techniques	Materials/Resources	Start Date	Measure of Student Progress	Date
(1)	(2)	(3)	(4)	(5)	(6)	(7)

The Individual Implementation Plan is developed by those who will be actually working with the student to carry out the Total Service Plan. Based on the goals objectives and services specified in the Total Service Plan, implementors will:

1. Develop short-term intermediate objectives and tasks necessary to achieve each annual objective.
2. Assign responsibility for implementing each objective.
3. Specify strategies, methods, techniques for teaching each short-term objective.

4. List materials necessary to carry out strategies and techniques.

5. Enter the date the implementor begins instruction on each program goal.

6. Provide a statement of the level of mastery required for each instructional objective.

7. Enter the date mastery was achieved or progress checked.

Figure 7 is an example of the first page of the completed Individual Implementation Plan. The complete Individual Implementation Plan is included in Appendix I.

Figure 7

Implementation Plan For Jane

Student's Name

Short-Term Objectives (Sequence of Learning Steps For Annual Objective # ___/___)	Person Responsible	Instructional Strategies/ Techniques	Materials/Resources	Start Date	Measure of Student Progress	Date
a) Will sign imitation for cup, table, book, etc. b) Responds to "What's this?" by imitating sign with shaping c) Responds to "What's this?" by imitating sign (unprompted). d) Signs "cup," "table," "book" etc. when asked "What's this?"	Walker/ Mrs Tom	Teaching sequence - hand-shaping, molding, imitation, production sequence. Approximations of signs are shaped; modeling correct signs. Shaping and fading procedures used to train closer sign approximations Dominant hand used for signing. correct response → verbal praise incorrect response → correct model No response → molding of hand to make sign Teacher or parent repeats word and sign. Parent works with J. at home using same procedures and words from school	Objects to teach receptive and expressive sign vocabulary book cup chair table coat dog television house Signing Exact English		(Criterion before moving to new task: 80% correct on 5 trials for 3 consecutive days - graph)	
				9-14-76	book, cup to criterion with teacher	9-28
					"	9-29
					"	9-30
					book, cup to criterion with mom	10-2
					"	10-3
					"	10-4
				9-30	table, coat to criterion with teacher	10-15
					"	10-16
					"	10-17
					table, coat to criterion with mom	10-21
					"	10-22
					"	10-23
				10-30	chair, dog to criterion with teacher	11-20
					"	11-21
					"	11-22
					chair, dog to criterion with mom	12-1
					"	12-2
					"	12-3

Assuring that all handicapped children have available to them a free, appropriate public education comprising special education and related services designed to meet their unique needs is our charge and our challenge toward improving the quality of education. With careful planning, implementation and evaluation, IEPs can structure the educational environment within which every child can demonstrate optimal performance.

In Section Three of this manual, each component of the Total Service Plan will be discussed separately and in depth. Section Four focuses on the Individual Implementation Plan.

SECTION 2 TASKS (OVERVIEW OF IEP)

Progress Checks

Answers to these questions are listed on the following pages.

1. What is an IEP?

2. List the steps in the Instructional Programming process.

3. What are the purposes of using a team approach in the IEP process?

4. Who are the members of the team, according to PL 94-142?

5. List the minimum components of the IEP.

6. What are the differences between the Total Service Plan and the Individual Implementation Plan?

ANSWER SHEET FOR TASKS

1. An IEP is a written statement developed in a meeting with a representative of the local educational agency, the teacher, the parent, and the child, where appropriate. The written statement includes documentation of decisions reached about objectives, content, implementation and evaluation of the child's educational program.

2. 1. Referral
   2. Assessment
   3. Instructional Planning
   4. Placement
   5. Instruction
   6. Review

3. The team approach to developing an IEP offers the opportunity to:
   1) Involve persons with a variety of competencies and skills in the decision-making process
   2) Increase support for implementing decisions
   3) Involve potential implementors in the decision-making process
   4) Conform to due process guidelines

4. 1. An LEA representative, other than the child's teacher , who is qualified to provide, or supervise the provision of, special education.

2. Child's teacher or teachers--special and/or regular,--who will have a direct responsibility for implementing the child's IEP.
3. The child's parent(s).
4. The child, where appropriate.
5. Others (at the discretion of the parent or LEA).

5. -- the child's present levels of educational performance
   -- long-range goals
   -- annual instructional objectives
   -- a statement of specific educational services
   -- a justification for the type of educational placement; extent of participation in regular education programs
   -- individuals responsible
   -- evaluation procedures

6. Total Service Plan is long-term and developed by the team; the Implementation Plan is short-term and developed by the teacher(s) and involved auxiliary services personnel.

SECTION THREE: THE TOTAL SERVICE PLAN

COMPONENT A: PRESENT LEVELS OF PERFORMANCE

The individualized education program or plan must include a statement of the student's "present levels of educational performance, including academic achievement, social adaptation, prevocational and vocational skills, psychomotor skills and self-help skills" (Proposed Rules for P.L. 94-142, §121a.225, (a)).

This means that there must be a statement (or statements) on the IEP which specifies and describes what the student can and cannot do. Statements of the child's present level of performance are outcomes of the assessment process. Assessment of the child's performance yields precise data on what the child can do now (specific skill levels) and what he/she needs to learn next.

Five areas are required by the Proposed Rules for P.L. 94-142:

1. Academic Achievement
2. Self-help Skills
3. Social Adaptation
4. Psychomotor Skills
5. Prevocational and Vocational Skills

It must be kept in mind that these are only minimal requirements; other areas such as language and cognition may need to be included for particular students. Also, it is helpful to record on the IEP a description of the student's learning style and effective reinforcers identified during the assessment phase.

Determining Present Levels of Performance

The purpose of beginning the Individualized Educational Programming process with assessment of educational performance is two-fold: assessment provides a rationale for planned instruction, and assessment provides the baseline against which pupil growth can be compared after instruction has taken place. In order to be sure of accurately pinpointing skill strengths and weaknesses, many assessment procedures should be used to collect data. The following considerations will help insure a valid assessment and result in more successful programming.

1. Assessment techniques must be matched to the individual child and his/her presenting problem(s). In many cases, a "complete workup" is not required. This practice often produces costly delays in beginning intervention, and does not necessarily provide information suitable for effective educational planning. Only those skill areas in which needed information is lacking will require additional assessment. In some cases, the assessment may extend beyond the legally required skill categories. Emphasis should be placed on environmental factors, and on parent reports and observations of the child. An assessment plan, developed by the team, which lists areas requiring additional assessment can clarify, focus, and expedite the assessment process.

2. P. L. 94-142 requires that testing and evaluation materials and procedures be selected and administered in a manner which is not racially or culturally discriminatory. This means that all assessment materials and techniques for handicapped children must be reviewed carefully to determine their appropriateness. An assessment process and a series of techniques appropriate for "culturally different" children are documented in a 1977 publication by McIntyre, Carroll, and Gurski. The law further requires that the assessment be conducted in the child's native language or other mode of communication, and, as a further protection, that educational programming be based on multiple, rather than a single assessment procedure. An intelligence quotient can no longer be used as the sole criterion for placement and instructional planning. The Proposed Rules (§121a. 432) for P. L. 94-142 are even more specific than the law itself. The Council for Exceptional Children has adopted guidelines for nondiscriminatory testing which reflect the provisions of the federal regulations. These guidelines are listed below for your consideration.

    - Assessment instruments shall be appropriately adapted when used with children of impaired sensory, physical, or speaking skills and must consider each child's age and socioeconomic and cultural background.
    - Specialists implementing evaluation procedures must be familiar with local cultural, language, and social patterns and practices.
    - Tests and similar evaluation materials shall be administered in the child's primary language, wherever appropriate.
    - Interpreters, in the native language, and/or in sign language may be used throughout all phases of the evaluation.
    - All communication with parents and the child shall be in the native language of the home.
    - Local community norms shall be established when norm referenced tests are used.
    - Criterion referenced instruments should be used.
    - Developmental checklists(s) should be used.
    - Instruments shall be administered only by trained personnel according to the producer's instructions.
    - Instruments shall assess specific abilities, not merely produce a single IQ score.
    - No one result shall determine placement (1977, p. 403).

3. The team approach, using the skills and resources of several professionals, provides a broader perspective on the child's needs and a chance to share and cross-validate hypotheses. Since teachers and parents are in daily contact with the child in a familiar setting, they play an especially important role in the assessment process. The parents' basic due process rights must be respected and every effort made to include the parents as equal members of the team.

4. Informal approaches such as observation and interviewing, conducted in natural settings, and the use of multiple sources of information, generally yield the most helpful information for program planning. Strive for a balance between informal and criterion-referenced assessment techniques and norm-referenced tests in order to assure that the assessment information:

   a) relates performance to instructional sequences or goals, and
   b) provides a baseline for evaluation of pupil performance.

   Pasanella and Volkmor (1977, Chapter 3) provide an extensive review of advantages and disadvantages of various assessment techniques and tools. Figure 8 (NASDSE, 1976, p. 22) provides a short summary of assessment sources and uses.

Figure 8

TABLE 5: Sources and Uses of Information

Source	Rationale for Use
1. Referral Forms	Information contained on referral forms, if well stated, can be used to form hypotheses concerning what other kinds of information may be needed, the criteria for acceptable performance, and the perspective of the person(s) making the referral.
2. School Records	Inspection of cumulative and other available records can be helpful in determining whether or not there are factors that might help to account for the reason for referral, whether or not there seem to be any trends in problem growth, and whether other areas seem to be in need of closer evaluation.
3. Standardized Test	Standardized tests may be used to obtain information on how one child compares with other children. In many cases, standardized tests are required for determination of eligibility. This type of test covers such areas as intelligence, achievement, and personality.
4. Developmental Scales	These scales compare areas of child development within the child and as compared with other children. They are especially useful with younger or more severely handicapped children, pinpointing both strengths and weaknesses.
5. Criterion-Referenced Tests	This type of test places the child at a certain level in some area of skill development. It is especially helpful for planning purposes because criterion statements can be used as goals for instruction.
6. Observation	Observational data can focus on a very specific child characteristic, such as a child's interaction with other children, and can point out areas in need of further evaluation and confirm or disconfirm other information. Observations may be formal or informal and include such things as anecdotal records, interaction analysis, checklists, and rating scales. These observations may take place in any setting, including the home. Observational data is best obtained by those who are close to the child in his/her normal environment.
7. Interviews	Interviews with the parent, the child, and/or the teacher yield information which lends perspective to other kinds of information. They also pinpoint areas that may be priority needs or strengths.
8. Work Samples	Work samples are similar to criterion-referenced testing; they provide information concerning the level of the child in some area of skill development. They are useful in planning intervention in academic areas.
9. Consultants	Consultants may provide information which is not usually available to an educational planner. This may include medical, therapeutic, and family information and may be used to plan services in related areas, define limitations on other planning, or identify areas of major need.

The goal of the assessment process, then, is to identify learning needs and possible intervention techniques, not to label, make inferences about causes, or to limit the expectations for the child. When the assessment phase is completed and the information collected and analyzed, the team should be ready to make statements about the student's present level of functioning, in each learning area, which describe specific skill levels: eg. student can drink from a cup, dress himself (with assistance), wash his face; student cannot match shapes, etc.

Following this section, we present more detailed information and examples related to determining and stating present levels of functioning. Information related to EARLY CHILDHOOD may be found in the GREEN section, and information specific to SEVERELY HANDICAPPED learners appears in the BLUE section. Tasks for Component A begin on page 56.

REMEMBER that...

Present Levels of Performance:

- are assessment outcomes
- describe what a student <u>can</u> and <u>cannot</u> do
- can involve at least five areas
  1. academic achievement
  2. social adaptation
  3. prevocational/vocational skills
  4. psychomotor skills
  5. self-help skills
- lead to establishing <u>long-term goals</u>.

Assessment

Because of the cumulative effects of handicapping conditions, procedures for identification, screening, and assessment should begin at birth. Some handicaps are difficult to identify, however, and sometimes parents are not aware of, or alerted to, the significance of early developmental delays. For this reason, most early childhood programs use a standardized developmental scale in order to identify those children with possible handicaps. Screening instruments should not be used to "label" the child. They can, however, provide supporting data and guidelines for further assessment.

Three commonly used screening/assessment devices are the Gesell Behavior Examination (Gesell & Amatruda, 1969), the Developmental Profile (Alpern & Boll, 1972), and the Denver Developmental Screening Test (Frankenburg, Dodds, & Fandal, 1970). These instruments measure several or all of the following five behavioral areas: socialization, self-help, academic, physical, and communication skills. Many specialists in assessment of very young children recommend the Cattell Infant Intelligence Scale (Cattell, 1940) which is a downward extension of the Stanford-Binet (1937, Form L). The Brazelton Neonatal Assessment Scale (1973) is among those scales, described by Haring (1976), which have predictive value. Haring points out that the newer infant assessment scales focus on assessment of familiar responses (to light, voice, etc.), recording the infant's best response (under optimal conditions of warmth, physical holding, etc.), and they allow for repeated assessment. Reference should always be made to a child's prematurity when born before identifying such a child as developmentally delayed. Haring offers three criteria for selecting a good infant screening device:

- Can be administered by minimally trained personnel at low cost;
- Is amenable to pass-fail scoring;
- Is repeatable, but if administered only once in the first week of life, will give good predictive accuracy (1976, p. 17-18).

In early childhood assessment, it is particularly important that the educator have a strong background in the normal child's developmental sequence. Characteristics of a good assessment instrument, also in the perception of Haring, are that:

- It can be administered by personnel with developmental expertise (such as a pediatrician, neurologist, or practitioner) who are readily available in most communities.
- It is amenable to quantified scoring, with high interrater reliability.
- It is keyed to a fine focus sequence of development so that items are not mere repetitions.
- Week by week it will show the examiner an evolving picture of developmental status.
- In addition, it leads directly to remediation or intervention efforts (implies a programming sequence) (1976, pp. 22-23).

In order to plan the most effective educational program, most assessment teams use several techniques to formulate and cross-validate their hypotheses about a child. These techniques include: teacher and parent observation (either live or videotaped); skills inventories; and interviews or questionnaires for use with parents. The parent's role on the assessment team cannot be over-emphasized, for the parents, from their own observations and perceptions, often provide the most valid assessment data. In order to get the most use from information supplied by parents, a detailed structured interview form may be helpful (for pulling together and condensing the variety of observations/perceptions a parent shares).

The following is a sample observation checklist from the Seattle Model Preschool.

Figure 1 *

Teacher Observation Form
for Identifying Children Who
May Require Additional Services
Model Preschool Center for Handicapped Children
(Seattle, Washington)

Child's Name: _____ Birth Date: _____

Date: _____ Teacher's Name: _____

LANGUAGE	YES	NO	SOMETIMES
1. Does the child use two- and three-word phrases to ask for what he wants?			
2. Does the child complete sentences to tell you what happened?			
*3. When the child is asked to describe something, does he use at least two or more sentences to talk about it?			
4. Does the child ask questions?			
5. Does the child seem to have difficulty following directions?			
6. Does the child respond to questions with the right answers?			
7. Does the child seem to talk too softly or too loudly?			
8. Are you able to understand the child?			

LEARNING	YES	NO	SOMETIMES
9. Does the child seem to take at least twice as long as do the other children to learn pre-academic concepts?			
10. Does the child seem to take half the time needed by other children to learn pre-academic concepts?			
11. Does the child have difficulty attending to group activities for more than five minutes at a time?			
12. Does the child appear extremely shy in group activities; for instance, not volunteering answers or answering questions he is asked, even though you think he knows the answers?			

MOTOR	YES	NO	SOMETIMES
13. Does the child continuously switch a crayon back and forth from one hand to the other when he is coloring?			
14. Do the child's hands appear clumsy or shaky when he is using them?			
15. When the child is coloring with a crayon, does the hand that he is *not* using appear tense (for instance, clenched into a fist)?			

* Question applies if child is four years or older.

Figure 1 Continued

MOTOR (continued)	YES	NO	SOMETIMES
16. When the child walks or runs, does one side of his body seem to move differently from the other side? For instance, does the child seem to have better control of the leg and arm on one side than on the other? Does he lean or tilt to one side when he is walking or running?			
17. Does the child seem to fear or not be able to use stairs, climbing equipment, or tricycles?			
18. Does the child stumble often or appear awkward when he moves?			
*19. Is the child capable of dressing himself except for tying his shoes?			

SOCIAL	YES	NO	SOMETIMES
20. Does the child engage in at least two disruptive behaviors a day (tantrums, fighting, screaming, etc.)?			
21. Does the child appear withdrawn from the outside world (fiddling with pieces of string, staring into space, rocking his body, banging his head, talking to himself, etc.)?			
22. Does the child play alone and seldom talk to the other children?			
23. Does the child spend most of the time trying to get attention from the adults?			
24. Does the child have toileting problems at least once a week (wet or soiled)?			

VISUAL OR HEARING	YES	NO	SOMETIMES
25. Do the child's eye movements appear jerky or not coordinated?			
26. Does the child seem to have difficulty seeing objects? For instance, does he: tilt his head to look at things? hold objects close to his eyes? squint? show sensitivity to bright lights? have uncontrolled eye-rolling? complain that his eyes hurt?			
27. Does the child appear awkward in tasks requiring eye-hand coordination such as pegs, puzzles, coloring, etc.?			

* Question applies if child is four years or older.

(Continued on next page)

Figure 9

*Reprinted from Jordan, J. B., et al., 1977, 76-77.

The number and variety of assessment procedures used will depend to a large extent on the nature and severity of the child's handicapping condition(s). When selecting assessment procedures, it is important to consider the impact of the handicap on performance and to think of ways in which items can be adapted. For example, several items on the cognitive section of the Portage Guide to Early Education Checklist require gross and fine motor skills which may be impossible or inappropriate for a cerebral palsied child. "Places 5 round pegs in pegboard" could be adapted to allow the child to put the pegs in a can, your hand, or to indicate in some other way an understanding of the concept "5". An additional consideration is to limit the assessment procedures to those areas which affect educational planning and implementation. Too many programs spend an inordinate amount of time and energy assessing and diagnosing conditions they can do nothing about.

Many preschool programs have developed their own inventories in the areas of gross and fine motor, cognitive, communication, social, and self-help skills. These inventories are correlated to curriculum guides, sequences, or lesson plans, which specify behavioral objectives and small learning steps and activities. Samples from the Portage Guide to Early Education Checklist follow (Figure 10). This assessment checklist also has a section on Infant Stimulation which makes it appropriate across most handicapping conditions and age levels of the early childhood population. Samples from the Project MEMPHIS Comprehensive Development Scale are also included (Figure 11). In California, the San Juan Handicapped Infant Project has developed an extremely detailed assessment-curriculum guide which is used to measure the smallest increments of a child's functioning level. This package, and various adaptations, is used by many early childhood projects in California, including Project HOPE in San Diego and the Preschool Program at California State College, Dominguez Hills. Descriptions of other programs with assessment-curriculum packages can be found in Early Childhood Education for Exceptional Children (Jordan et al. 1977).

Level	Code	Behavior	Early Behavior	Date Achieved	Comments
Infant	1	General visual stimulation (Under six weeks)		/ /	
	2	General visual stimulation (six weeks and older)		/ /	
	3	General tactile stimulation (Under six weeks)		/ /	
	4	General tactile stimulation (six weeks and older)		/ /	
	5	General auditory stimulation (Under six weeks)		/ /	
	6	General auditory stimulation (six weeks and older)		/ /	
	7	Sucks		/ /	
	8	Moves head to side while lying on back		/ /	
	9	Opens mouth for bottle or breast when nipple touches mouth		/ /	
	10	Indicates sensitivity to body contact by quieting, crying, or body movement		/ /	
	11	Turns head toward nipple when his cheek is touched		/ /	
	12	Looks in direction of sound or changes body movement in response to sound		/ /	
	13	Looks at person attempting to gain his attention by talking or movement		/ /	
	14	Quiets or changes body movement in response to presence of person		/ /	
	15	Shows by body movements or cessation of crying, response to adult voice		/ /	
	16	Lifts and momentarily supports head when held with head at shoulder		/ /	
	17	Cries differentially due to different discomforts		/ /	
	18	Falls asleep at appropriate times		/ /	
	19	Thrusts arms about—no direction		/ /	
	20	Follows an object, visually, moved past midline of body		/ /	
	21	Smiles		/ /	
	22	Follows light with eyes, turning head		/ /	
	23	Follows sound, moving head		/ /	
	24	Regards hand		/ /	
	25	Kicks vigorously while on back		/ /	
	26	Opens mouth, begins sucking prior to nipple touching mouth		/ /	
	27	Maintains eye contact 3 seconds		/ /	

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Figure 10

Age Level	Code	Behavior	Early Behavior	Date Achieved	Comments
0 1	1	Watches person moving directly in line of vision		/ /	
	2	Smiles in response to attention by adult		/ /	
	3	Vocalizes in response to attention		/ /	
	4	Looks at own hands, often smiles or vocalizes		/ /	
	5	Responds to being in family circle by smiling, vocalizing, or ceasing to cry		/ /	
	6	Smiles in response to facial expression of others		/ /	
	7	Smiles and vocalizes to mirror image		/ /	
	8	Pats and pulls at adult facial features (hair, nose, glasses, etc.)		/ /	
	9	Reaches for offered object		/ /	
	10	Reaches for familiar persons		/ /	
	11	Reaches for, and pats at mirror image or another infant		/ /	
	12	Holds and examines offered object for at least a minute		/ /	
	13	Shakes or squeezes object placed in hand, making sounds unintentionally		/ /	
	14	Plays unattended for 10 minutes		/ /	
	15	Seeks eye contact often when attended for 2-3 minutes		/ /	
	16	Plays alone contentedly near adult activity 15-20 minutes		/ /	
	17	Vocalizes to gain attention		/ /	
	18	Imitates peek-a-boo		/ /	
	19	Claps hands, (pat-a-cake) in imitation of adult		/ /	
	20	Waves bye-bye in imitation of adult		/ /	
	21	Raises arms—"so big" in imitation of adult		/ /	
	22	Offers toy, object, bit of food to adult, but does not always release it		/ /	
	23	Hugs, pats, kisses familiar persons		/ /	
	24	Shows response to own name by looking or reaching to be picked up		/ /	
	25	Squeezes or shakes toy to produce sound in imitation		/ /	
	26	Manipulates toy or object		/ /	
	27	Extends toy or object to adult and releases		/ /	

Figure 10 (cont'd)

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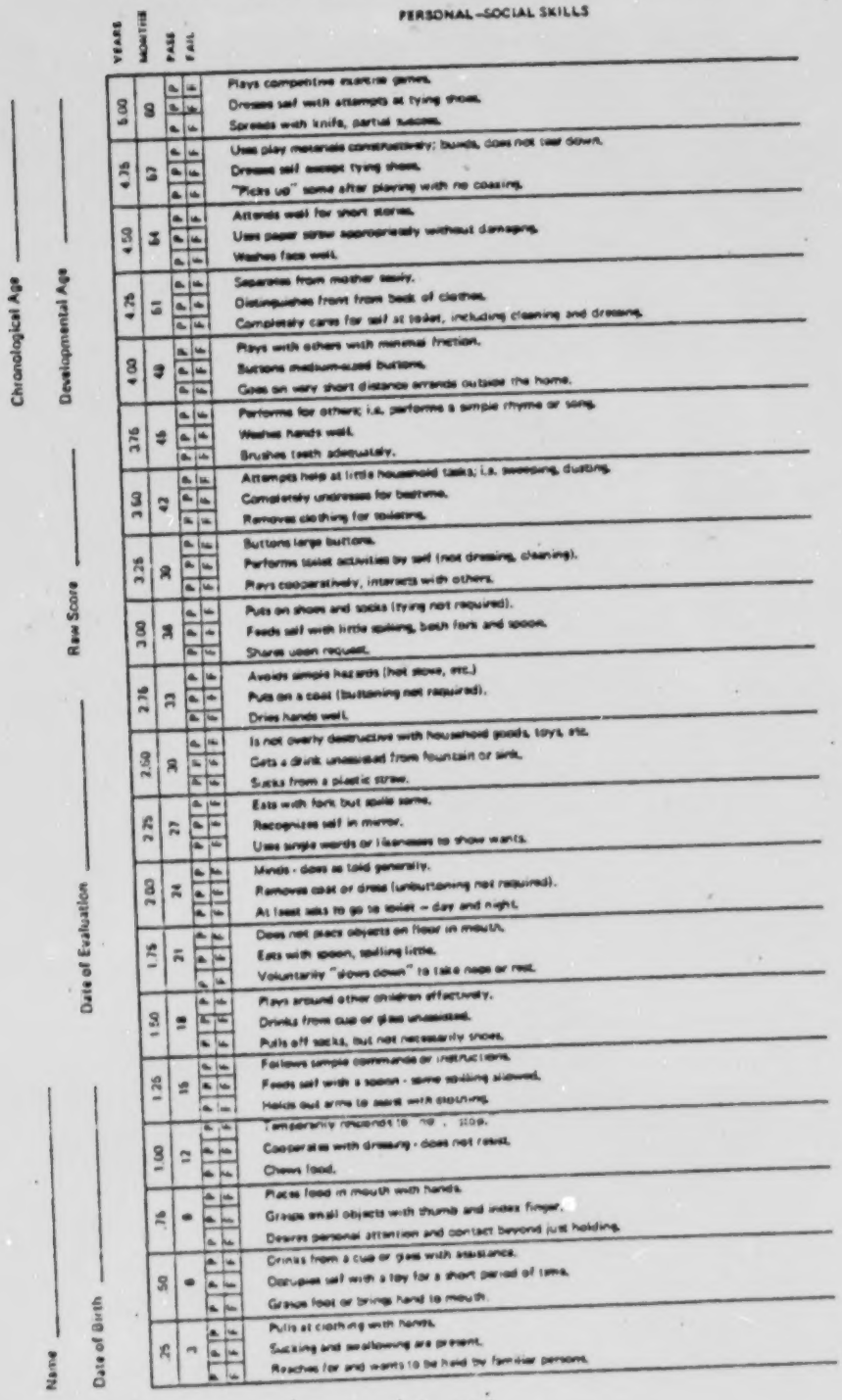
Figure 11

MEMPHIS Comprehensive Developmental Scale


PERSONAL–SOCIAL SKILLS
YEARS
MONTHS
PASS
FAIL
Chronological Age
Developmental Age
Raw Score
Date of Evaluation
Name
Date of Birth
5.00 60 Plays competitive exercise games. Dresses self with attempts at tying shoes. Spreads with knife, partial success.
4.75 57 Uses play materials constructively; builds, does not tear down. Dresses self except tying shoes. "Picks up" some after playing with no coaxing.
4.50 54 Attends well for short stories. Uses paper scissor appropriately without damaging. Washes face well.
4.25 51 Separates from mother easily. Distinguishes front from back of clothes. Completely cares for self at toilet, including cleaning and dressing.
4.00 48 Plays with others with minimal friction. Buttons medium-sized buttons. Goes on very short distance errands outside the home.
3.75 45 Performs for others; i.e. performs a simple rhyme or song. Washes hands well. Brushes teeth adequately.
3.50 42 Attempts help at little household tasks; i.e. sweeping, dusting. Completely undresses for bedtime. Removes clothing for toileting.
3.25 39 Buttons large buttons. Performs toilet activities by self (not dressing, cleaning). Plays cooperatively, interacts with others.
3.00 36 Puts on shoes and socks (tying not required). Feeds self with little spilling, both fork and spoon. Shares upon request.
2.75 33 Avoids simple hazards (hot stove, etc.) Puts on a coat (buttoning not required). Dries hands well.
2.50 30 Is not overly destructive with household goods, toys, etc. Gets a drink unassisted from fountain or sink. Sucks from a plastic straw.
2.25 27 Eats with fork but spills some. Recognizes self in mirror. Uses simple words or likenesses to show wants.
2.00 24 Minds - does as told generally. Removes coat or dress (unbuttoning not required). At least asks to go to toilet – day and night.
1.75 21 Does not place objects on floor in mouth. Eats with spoon, spilling little. Voluntarily "slows down" to take naps or rest.
1.50 18 Plays around other children effectively. Drinks from cup or glass unassisted. Pulls off socks, but not necessarily shoes.
1.25 15 Follows simple commands or instructions. Feeds self with a spoon - some spilling allowed. Holds out arms to assist with clothing.
1.00 12 Temporarily responds to "no", stop. Cooperates with dressing - does not resist. Chews food.
.75 9 Places food in mouth with hands. Grasps small objects with thumb and index finger. Desires personal attention and contact beyond just holding.
.50 6 Drinks from a cup or glass with assistance. Occupies self with a toy for a short period of time. Grasps foot or brings hand to mouth.
.25 3 Pulls at clothing with hands. Sucking and swallowing are present. Reaches for and wants to be held by familiar persons.

Quick, A., Little, T., & Campbell, A., 1973, p. 38.

Stating Present Levels of Performance

Academic achievement for the infant or preschool child will probably focus on cognitive skills, language skills, and pre-academic skills. Research findings document the importance of cognitive development in the early childhood years; Piaget views cognitive structures as prerequisites for learning in all areas.

*Sample Statements

1. Places object in container in imitation
2. Matches objects with picture of same object
3. Names three body parts on doll, or other person
4. Points to "big" and "little" upon request
5. Points to 3-5 pictures in a book when named.

Social adaptation measures for early childhood focus on achieving social and emotional independence at a time when the child is still very dependent on parents and other adults physically. The child's attempts to initiate positive interactions with others should be noted and supported by parents and teachers.

Sample Statements

1. Smiles in response to facial expression of others
2. Reaches for familiar persons
3. Hugs, pats, kisses familiar persons
4. Plays with one other child, each doing separate activity
5. Actively explores his environment.

Prevocational and vocational skills are not typically an area of concern at the preschool level, though they could include prerequisites such as attending, following directions, etc.

Psychomotor skills enable exploration, manipulation, and control of the environment by the infant or preschool child and can enhance or inhibit development of the other areas, depending on the type and extent of handicap. Fine and gross motor skills are typically an area of emphasis in preschool programs, either as developmental or remedial goals.

Sample Statements

1. Reaches for object 6-9 inches in front of him
2. Pulls self to "on-knees" position
3. Builds tower of 3 blocks
4. Folds paper in half in imitation
5. Cuts with scissors

Self-help skills contribute to the independent functioning of the infant or preschooler, promoting an emerging sense of self, ego, and ability to cope with his world on all levels. Increased self help skills also ease the parents' acceptance and management of the child. Self-help skills are closely tied to other areas of skill development (cognitive, language, motor) and are usually measured and programmed in combination with these other skill areas.

*all samples are taken from different levels of growth development in the Portage Guide to Early Education, 1976.

Sample Statements

1. Holds out arms and legs while being dressed
2. Zips and unzips large zipper without working catch
3. Uses words and gestures indicating need to go to bathroom
4. Puts on shoes
5. Pours from small pitcher (6-8 oz) into glass without help.

The following assessment summary for Matthew is an introduction to a case study which will be continued in each section of this program. After you have reviewed Matthew's assessment summary, examine the statements of present levels of performance, on his IEP, making sure that you understand the relationship of the assessment to these statements.

Case Study 1

ASSESSMENT SUMMARY

Matthew DOB 11-22-71

Background information: Matthew and his parents came to the John Tracy Clinic when he was 3 years 8 months old. He is severely hard of hearing and began nursery school at John Tracy Clinic in October 1975. He progressed very quickly and was enrolled in a regular kindergarten in November, 1976. In January, 1977, he was placed in the Good Start Program at the same school. Currently he has three problems reported by his mother when she has observed in the classroom and talked with the teacher: 1) he is not aware of all oral directions given; 2) he is shy and does not use a loud voice or all the speech he knows; and 3) his small motor skills are below average but are improving His parents are eager to help and do volunteer work periodically at school. He has one sister, age 7.

Portage Assessment Checklist Data 1-77

Cognition: Card 79 - Tell color of named object, names 8 colors, recalls 4 objects seen in picture

Self Help: Card 72 - Dresses self completely, including all front fastenings except ties, washes hands and face

Socialization: Card 65 - Contributes to adult conversation; follows rules in group games led by older child or adult

Language: Card 30- Combines noun and verb in two word phrase

Motor: Card 81 - Puts together 3 piece puzzle or form board, turns pages one at a time.

Leiter International Performance Scale 12-76 IQ: 112
Stanford-Binet 12-76 IQ: 120

Observation data:

Psychologist: classroom observation (3-77):
He was participating actively in a small group storytelling activity and used good speech and language in his story. He answered questions. In a large group, he did not volunteer to answer questions or to participate, and his voice was much softer.

Parent: playground observation (2-77):
He played on all the playground equipment and participated in games initiated by other children. On two occasions he initiated an activity with other children.

classroom observation (2-77):
He went through classroom routines by following what the other children did; when given free time, he chose the block area. He worked by himself.

home observations
He follows directions and willingly completes tasks. He prefers to play outdoors with other children.

I. Weaknesses
   A. Attention - forgets that he is hearing impaired and lets his attention wander. Often distracted from listening by visual stimuli.
   B. Expressive language - avoids using his voice; rarely asks questions or

volunteers information.
C. Small motor - has difficulty cutting, pasting, coloring, and painting.

II. Strengths
A. Receptive language - has a large vocabulary and learns new words easily
B. Cognitive - does well at numbers, recognizing letters, shapes, colors, categories, and concepts, can sequence stories without difficulty.
C. Large motor - plays ball, rides a bike, can swing and hop

III. Best sensory mode
Visual
Best reinforcer
Playground activities

IV. Areas of instructional need
A. Increased visual attention span
B. Increase communication skills

V. Materials/procedures recommended
more small group instruction
alternative procedures for getting instruction
arts and crafts activities to develop small motor skills

IEP - Total Service Plan

Matthew (DOB 11-22-71) Student's Name		Special Education and Related Services	Start Date	Duration of Service
Good Start kindergarten School	Placement Recommendation			
3-15-77 Meeting Date	% of Time in Regular Education			
Committee Members J. Jones (teacher), B. Booth (psych), B. Henderson (speech)	Justification for Type of Placement (include other alternatives considered)	Type of PE		
Sally Duck Parent Signature of Approval	Placement Date	Career Ed		

Present Levels of Performance Portage Guide, interview, appraisals, observation	Long Range Goals	Annual Instructional Objectives for Each Goal (Include evaluation criteria)	Evaluation Procedures	Review Date
academic Cognition #77 - identifies color with object & language #39 combines noun and verb in two word phrase self-help #72 dresses self completely; zips and buttons social #65 contributes to conversation attention wanders (observation) psychomotor #85 awkward at cutting, pasting, coloring, and printing prevocational/vocational 5?			5	

Persons Responsible for Implementing IEP	Special Inst'l Media/Materials Needed (suggestions to implementers)

Assessment

The more severely handicapped the child, the wider the range of information will be required to assure a total view of the child, including his characteristics, levels of performance, and needs. It is important, that at the outset of the instructional planning process, the team think in terms of the individual's potential for personal social and vocational development. Assessment can be conducted through application of formal techniques (tests) or informal approaches (observation, interview, past records).

Formal testing may include I.Q. testing using the WISC, Stanford-Binet or Leiter; however, the I.Q. has not been found to be very satisfactory as a treatment guide. Severely handicapped learners may be assessed in terms of their adaptive behavior by the use of the AAMD Adaptive Behavior Scale (Fogelman, 1975), The Vineland Social Maturity Scale (Doll, 1975), or the Balthazar Scales of Adaptive Behavior (1973).

Some of the above adaptive behavior scales include vocational skills items. Other scales which have components on prevocational, vocational or work skills include: Basic Skills Screening Test (Schalock, Ross, and Ross, 1974); Camelot Behavioral Checklist (Foster, 1974); the TMR Performance Profile for the Severely and Moderately Retarded (DiNola, Kaminsky, and Sternfeld, 1970); and the Progress Assessment Chart of Social Development (Gunzburg, n.d.). The Special Education Objective Checklist Developmental Program (Tacoma Public Schools, n.d.) contains items related to leisure time skills.

Information from these instruments can aid in determining the learner's present level of functioning in such areas as self-help skills, social adaptation, language, preacademic and prevocational skills. For more information on tests, see the Assessment Bibliography in Appendix IV-A.

A valuable approach to assessing performance levels is the use of criterion referenced assessment systems developed specifically for low functioning learners. Such systems as Monterey, Radea, Santa Clara, and TARC (Sailor and Mix, 1975), described in Appendix IV-A, assess many of the areas required for the IEP and can be used as a basis for developing precise instructional objectives. Depending on the particular system, learners are evaluated through observation or direct assessment of their performance on each item. Many of the above assessment devices, however, are inappropriate for the very low functioning children or those with sensory and/or physical disabilities. Project LEARN in Kansas is exploring some assessment approaches with this population.

With severely handicapped learners, it is critical that skill assessment not stop with the measurement of skills displayed in the classroom or other "artificial" situations, but be extended to assessment in real life situations. The multiple impairments and complexities found in the severely handicapped population typically demand that the core assessment team be augmented to include such professionals as pediatrician, pediatric neurologist, and other medical specialists, as well as social workers, and representatives of community service agencies.

Stating Present Levels of Performance

Academic achievement for the severely handicapped child usually centers around the preacademic skills of reading, writing, and math, for once the child has demonstrated readiness skills, he would probably no longer be considered severely handicapped. "Through giving a child the opportunity to pursue maximum growth in each developmental area as he becomes ready for such experiences, it may be possible to help him to rid himself of his previously assigned label" (Haring, 1976, p. 81). Preacademic skills overlap with perceptual and psychomotor skills.

Sample Statements

1. See statements on p. 40
2. Orally names numerals by imitation
3. Matches colors
4. Matches numerals

Social adaptation has important implications for the severely handicapped learner. Norris Haring (1976) points out that the ability to form adequate personal relationships and to demonstrate appropriate social behavior is more important to steady employment and a position in the community than are other variables, such as academic potential. Severely handicapped learners should be given many first-hand experiences in life in order to develop into flexible participants in their community. They need, according to Haring, to establish self-other discrimination and independence and to learn to initiate play activities.

Sample Statements

1. Establishes rapport with unfamiliar adults
2. Moves between settings within the school
3. Reports self-injury to adult

Prevocational and vocational skills should be an area of emphasis for the older severely handicapped learner. Vocational learning should continue into post-academic years through sheltered workshop opportunities. Brolin (1976) feels the importance of the early years should be stressed, particularly with regard to the family and their attitudes toward their child, the experience they provide and the kind of reinforcements available in the area of self-esteem. Research has shown that failure by severely handicapped individuals to succeed in the work force is not because they cannot do the work. It is because they have difficulty coping with social, personal, and interpersonal problems.

Sample Statements

1. Follows directions with one command
2. Is unable to recognize mistakes on paper/pencil tasks and correct them
3. Accepts tasks, and works to completion
4. Works at job station continuously for 15 minutes

Psychomotor Skills such as balance, posture, movement and fine motor control, are typically areas of involvement for severely handicapped children. These inabilities often create additional problems in other skill areas; [language, (pre) academics, self-help and social adaptation,] where developmental lags may already exist. Additional behaviors to observe in this area are: fine motor-eye readiness, hand movements, and gross motor (static balance, dynamic balance, using basic movement patterns, and maintaining general coordinated movement patterns).

Sample Statements

1. Beginning to be able to hold object with one hand and manipulate it with the other
2. Beginning to use scissors
3. Walks up and down stairs holding onto rail
4. Completes a forward roll
5. Does not jump
6. Clasps and unclasps hands
7. Wheels a wheelchair through a standard door

Self-help skills are critical for severely handicapped learners. Without basic self-help skills, survival in any but the most sheltered environments will not be possible. Skills to be evaluated and taught are: eating, dressing, toileting, personal grooming, keeping house in order, manipulating household fixtures, and giving general information about self.

Sample Statements

1. Eats with fork and spoon
2. Single folds laundry
3. Mixes dry and wet ingredients with a spoon
4. Places requested item in a place setting
5. Chews solid food
6. Drinks from a cup
7. Does not dress himself

Language or communication can be delayed in a severely handicapped learner because of accompanying motor and sensory involvement, and since communication is so critical to survival and fulfillment, assessment in this area should always be included. Additional information on the learner's hearing acuity, motor capacities, and any unusual sensitivities is prerequisite to instructional planning.

Sample Statements

1. Uses single word utterances
2. Responds to simple commands using: "give," "hold," "stop," "wait"
3. Shows interest in conversation with others
4. Uses sign for own name, on command
5. Does not discriminate between sounds

Although the Proposed Rules for P.L. 94-142 require statements of performance level in five areas, the areas most critical for the life goals of the severely handicapped learner are social adaptation, prevocational/vocational, self-help, and language skills.

The following assessment summary for Martin is an introduction to a case study which will be continued in each section of this program. After you have reviewed Martin's assessment summary, examine the statements of present levels of performance, on his IEP, making sure that you understand the relationship of the assessment to these statements.

ASSESSMENT SUMMARY

Case Study 2

Martin DOB 10-27-69

Background Information: On December 1, 1975, Martin, was placed in the Sunrise State School, his first institutional placement. He previously resided with his natural parents and three male siblings, age 12, 9, and 2 1/2 years.

Medical reports reveal diagnoses of "Sturge-Weber Syndrome (right face, right eye);" a seizure disorder which is well controlled with "medication;" and Buphthalmos/Glaucoma (bilateral)/poor vision."

Developmental history includes holding head up at four months; sitting unsupported at 18 months and independent ambulation at 36 months. Martin was a product of a full-term pregnancy. His birth weight was 8 lbs. 14 oz. Martin breathed spontaneously after birth with good color. He is allergic to wheat and possibly raisins.

Current medications include Mellaril, 10 mg. twice a day and Dilantin, 50 mg. in the morning and 100 mg. at night.

Martin attended the Smithville DCH program from September 1971, until he was placed at Bright Acres.

Previous Testing

2/23/73 - Gesell

Motor: 15 months
Adaptive: 14 months
Language: 8 months
Personal: 14 months
DQ : 32

Vineland

Age Equivalent: 1-5 years
SQ : 42

Current Testing

December 14-16, 1976

Koontz Child Development Scale

Gross Motor: 24-36 months
Fine Motor : 12 months
Social : 12-16 months
Expressive Language: 6 months
Receptive Language: 6-12 months

Mecham Verbal Language Development Scale
Receptive & Expressive Language Age: 7 months

Cattell Infant Intelligence Scale
CA: 86 months
MA: 19.2 months
IQ: 22
(lower limits of the severe range)

Preschool Attainment Record

AA: 2.19 years
AQ: 31

Intellectual Functioning — O Count, Psychologist

Martin is currently functioning within the lower limits of the severe range of intellectual functioning with a mental age average of 19.2 months. He enjoys exploring his environment. This behavior is purposeful and he manipulates objects as he explores. Martin demonstrates problem solving skills and will, for example, pull a chair to a high counter to climb up and obtain an object. He also demonstrated auditory-visual association skills in giving the assessment teacher a record to play. Martin discriminates and chooses, especially with music and foods. He needs time to process material. Martin appears to have a low frustration tolerance and screams loudly. He uses a raking grasp to attain objects and is able to see small objects such as pellets and jelly beans.

Expressive language appears to be Martin's major area of deficit. He spoke no words during the assessment week, but was observed by this examiner to say "cookie" at his home placement. Developing communication and social interaction skills appear to be the key in helping him develop.

Speech and Language Evaluation — A. Lawler, Speech/Language Therapist

Speech Assessment:

Martin has no true speech at this time, but he does make small throaty noises, loud squeals and grunts, etc. He does not babble in the traditional way; i.e., repetition of syllables. He enjoys music and attempts to "sing" along with records.

Although not formally tested, his hearing appears normal and he has adequate lip closure, tongue mobility and velopharynegeal closure for phonation.

Language Assessment:

Martin was tested using the Mecham Verbal Language Development Scale and he attained an age level equivalent of seven months receptively and expressively, with some gaps. He laughs and/or smiles appropriately; produces some consonant sounds reflexively; responds to his name and no-no; comprehends bye-bye; and follows simple instruction.

Expressively, Martin makes his wants known by physically guiding people to whatever it is he wants. He also demonstrates displeasure by screaming, kicking, etc.

CCS Functional Screening Test — C. Shirts, Registered Occupational Therapist

1. ROM (Limitations only)/Dominant postures/strong abnormal reflexes.
   No range of motion limitations.

2. Locomotion-gait analysis.
   Independent ambulation.

3. Developmental Milestones passed.
   Runs, climbs.

4. Head-Vision/Auditory/Head circumference/Mouth/Oral reflexes.
   Port-wine marking of Sturge-Weber on left side.
   Vision - not tested, but does track with both eyes.

5. Trunk - Respiration/Symmetry
   mouth breather

6. Extremities-Upper/Lower - Tone and Range.
   Appear within normal limits.

7. Language - Receptive/Expressive
   Screams - no other sounds. Does not follow commands well.

8. Self-Help Activities - Dress/Feeding/Toileting
   Eats with spoon, drinks from cup. Does not dress self.

9. Equipment Needs
   None

10. General Impression - Awareness/Behavior
    Does not respond to commands: Resists handling.

Classroom Observation

E. Ready
Assessment Teacher

Martin seemed very interested in the Development Center environment, especially enjoying freedom to explore.

In Gross Motor skills, he displayed good agility and balance, particularly in climbing. (We did not observe him balancing on one foot.) He walked up and down stairs with both feet on the same step. He demonstrated a right-side preference. Although he expressed no desire or ability to kick or roll a ball, he could throw and catch one. He especially liked riding a tricycle or hobby horse.

Fine Motor abilities observed included tracking, grasping and transfer of objects. Martin did not appear to be able to do puzzles, stack blocks or scribble spontaneously (although he did imitate marks on a paper).

Socially, Martin seemed to enjoy socialization once initiated, although he did not independently choose interaction over solitary play. He also showed a special interest in music. It was in this area that he displayed object permanence. He would repeatedly point to the album cover of the record he wanted to hear whenever a different record was being played. Generally, he appeared easily frustrated and used to having the run of his environment. He would resist any guidance by loud, piercing screams. He did, though, attempt affection and seemed more at ease by the end of Assessment Week. He thrived on the stimulation of special events, such as the Christmas party and arrival of Santa Claus day.

Martin displayed no academic skills.

Self-Help Skills:

Martin is an independent eater, although he tends to cram his food and can be very selective regarding diet. Generally, he preferred fruits to sweets and would drink milk all day if allowed. We did not observe him using any utensils other than a cup. He is not toilet trained and was wearing diapers during assessment. He would assist in dressing by lifting the appropriate limb but could not zipper, button or lace.

I. Weaknesses
   A. Self-help: toileting, dressing
   B. Language/communication

II. Strength
   Gross and fine motor

III. Best sensory mode
   Auditory

   Best reinforcer
   Music

IV. Areas of needed instruction
   Self-help-feeding, dressing
   Social--establishing and maintaining eye contact.

IEP - Total Service Plan

Martin (DOB 10-27-69)
Student's Name

Bright Days
School

1-21-77
Meeting Date

Committee Members O. Count (psych), B. Pal (adm), E. Ready (teacher), D. Lawler (spec ed), O. Payne (mgt), Mary Keyes (parent)

Parent Signature of Approval

Placement Recommendation

% of Time in Regular Education

Justification for Type of Placement (include other alternatives considered)

Placement Date

Special Education and Related Services

Type of PE

Career Ed

Start Date

Duration of Service

Present Levels of Performance (Needs Called Medium Alternative Services)	Long Range Goals	Annual Instructional Objectives for Each Goal (include evaluation criteria)	Evaluation Procedures	Review ✓ Date
academic Plays, works to do puzzles, stack blocks, or scribble spontaneously				
self help Eats with spoon, drinks from cups Does not dress self.				
social Laughs and smiles appropriately Responds to his name and to "no-no." Screams when frustrated.				
psychomotor Walks with agility, rides tricycle, throws ball. Does not balance on one foot				
prevocational/vocational Follows simple instructions selectively				

Persons Responsible for Implementing IEP	Special Inst'l Media/Materials Needed (suggestions to implementers)

53

87

88

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COMPONENT A TASKS (PRESENT LEVELS OF PERFORMANCE)

Answers to Tasks 1, 2, 3, and 4 are on p. 67. Total Service Plans for Richard (p. 68) and Sandy (p. 69) follow the answer sheet.

Progress Checks

1. List the 5 skill areas in which the student's present level of educational performance should be stated on the IEP:

   a) d)

   b) e)

   c)

2. Match the following performance statements to the appropriate skill area:

__ Works alone at chore 5-10 min.	1) academic achievement
__ Follows rules in group games led by adults	2) social adaptation
__ Arranges objects in sequence of width and length	3) pre/vocational
__ Washes hands with assistance	4) psychomotor
__ Hits ball with bat or stick	5) self-help

3. Statements of a student's present performance level are based on assessment data. Look at the assessment summaries on page 42 (Early Childhood) or page 49 (Severely Handicapped) of this manual. What types of assessment data were used?

4. What are some important considerations in insuring that assessment is non-biased and/or "culturally appropriate?"

Application Tasks

5. Review and critique several of the assessment/screening devices and/or teaching systems described in Appendices IVA and IVC. Identify two which would be appropriate or which could be adapted for the population with whom you work.

   1)

   2)

   3)

NOTE: For Task 6 and Application Tasks in succeeding components, you will need to remove a blank Total Service Plan form from the back of this book. By using this form for each task relating to a sample case study or your own case, you will have completed two IEP's when you have finished the program.

6. Look at the following assessment summary most closely related to the population with whom you work (Richard--Early Childhood; Sandy--Severely Handicapped). From the information given, state the Present Levels of Performance on the blank Total Service Plan which you removed from the back of the book. Compare your statement with the ones written by the assessment team for each learner (see pp.68 and 69).

ASSESSMENT SUMMARY

Richard DOB 3-13-73

Background information: Richard and his parents were referred to the John Tracy Clinic when Richard was eight months old, after they had been to several pediatricians who had urged Mrs. Jones to give Richard time to develop further. Mrs. Jones consulted an otologist who was available to confirm Mrs. Jones' fears and send her to the Tracy Clinic for counseling and services for Richard. He has made much progress but has some problem areas, mostly behavior. His parents are eager to help but overprotective of Richard. They make no demands of him at home and admit he is spoiled. There are no siblings.

Portage Assessment Checklist Data 9-76

Cognition: Card 62 Identifies primary colors

Self-help: Card 69 Bathes self with supervision

Socialization: Card 21 Follows simple directions plays alone (observations by parent, teacher)

Language: Card 32 Names 5-7 objects (interview with teacher

Motor: Card 91 Bounces large ball

Leiter International Performance Scale IQ:105

Observation Data: Two observations in the preschool class were performed, one during playground time and one during class activities. During play time, Richard used the swings and the slide but did not initiate any interaction with the other children. One child offered him the ball, but he threw it down on the ground and walked away. (10-76)

During class time, Richard worked quietly with the blocks and completed a matching activity with 3 objects and 3 pictures. When it was time for group work, Richard stayed by himself and cried when the teacher tried to move him. (10/76)

Interview Data: Richard's mother stayed after parent group meeting to talk with the psychologist about problems Richard has been having with his peers, both in school and in the neighborhood. He prefers to stay in the house with his mom and keeps to himself. She has not been systematic in getting Richard to help with tasks and reports that he seems stubborn and obstinate, refusing to follow the simplest request. She is pleased with his school progress but is concerned about his social relationships. (1/77)

I. Weaknesses

A. Socialization - plays alone frequently, refuses to share toys with another child, seeks attention by hitting or biting other children; tantrums in group situations.

B. Receptive Language - has difficulty matching objects to pictures and naming objects

Expressive - doesn't initiate communication with anyone in his environment, ask for desired objects consistently, or use 5 or more words in communication.

II. Strengths

A. Self-help - completely toilet trained, can bathe himself with supervision, beginning to learn to tie shoes.

B. Motor - can catch and throw a ball, hop unaided, copy square and cross, swing on swing independently.

III. Best sensory mode
visual, kinesthetic
Best reinforcer
independent playground activities, art activities

IV. Areas of needed instruction

A. Socialization - learning to work, play, and share with others.

B. Language - initiating communication and using developed speech to communicate, increase receptive vocabulary.

C. Auditory training - to increase listening skills and boost language development.

V. Materials recommended

puzzles, picture books
teacher-directed games involving other children
arts and crafts activities
auditory discrimination skills activities

ASSESSMENT SUMMARY

Sandy DOB 7-1-69

Background information: At about 10 months of age Sandy's cerebral palsy was diagnosed, and a severe developmental delay was noted. Since that time, she has been receiving physical therapy from Crippled Children's Services. At age 5, she entered a special day class program in a center for severely handicapped and was evaluated by the school psychologist. Her parents were discouraged by her lack of progress at home and were eager to have her in an educational program.

Psychologist report: Sandy was friendly, willing to work with an unfamiliar adult, and attempted to complete all tasks. She received a MA score of 3-8 on the PPVT; the quality and quantity of her language were well below average for her age. On the Stanford-Binet, Sandy was able to follow only one oral commission. Her psychomotor skills were also limited, commensurate with her MA of about 4 years. Her speech was unintelligible. (tests done 9/74)

Classroom teacher report: (9-76) Using a modified version of the Monterey to allow for her physical handicap, Sandy passed the following items:

Language	#1826	Makes single word utterance using adjective
	#1828	Makes single word utterance using verb
	#1830	Makes single word utterance using possessive pronouns
Psychomotor:	#2732	Cuts line 6" long
	#2715	Turns crank (egg beater)
	#2737	Cuts line 6" long within ½" of line
	# 955	Walks 20' diameter circle staying on path
	# 953	Runs 10' distance
Social:	#1496	Works individually with adult for fifteen minutes
	#1621	Reports self injury to adult
Self-help:	#1699	Holds spoon in fingers to eat
	#1725	Eats with fork
	#2083	Single folds small items, straight edges (washcloth)
	#2281	Mixes dry ingredients with spoon
	#2283	Adds liquids to dry ingredients and stirs with spoon
	#2429	Places requested item in a place setting
Academic:	# 794	Copies circular shape
	# 798	Copies vertical cross (+)
	# 800	Prints first letter in name copying model

Observation Data: During a morning session in the special class, two observations were performed, in work and play situations. Sandy selected a story she wanted to hear, followed simple directions, and demonstrated interest in conversations. She was beginning to use scissors (with difficulty) and completed a finger painting. In play, she had no difficulty changing from one activity to another, walked and ran, and refused to attempt a jump from a bench she had climbed on.

Interview Data: Sandy's parents attended the last parent group meeting and provided additional information on her skills at home. She is beginning to use a fork and spoon to feed herself, and she helped her mom mix the ingredients for brownies. She can get up and down the 10 front steps to their house (without alternating feet) while holding on to the rail.

I. Weaknesses
   A. Language - needs speech and language therapy to work on short sentences, increase receptive and expressive vocabulary
   B. Self-help - needs to help with kitchen chores and follow more complex commands
   C. Motor - needs more work on stairs, jumping

II. Strengths
   A. Social - Sandy seeks company of others, accepts work, participates in group activities.

   B. Self help - can toilet herself, dress herself (with help), wash her hands.

III. Best sensory mode
   visual
   Best reinforcer
   pats, verbal praise, cooking activities

IV. Materials recommended
   Peabody Language Kit, Level P
   Kitchen objects (language, cognitive, self-help)

7. Using the assessment summary for your student, write statements of present performance level in each skill area on a blank Total Service Plan form. Be sure to indicate your information source (i.e., observation; interview; test name; etc.).

Learning Alternatives

8. Do some outside reading. Numbered items are from the References, pp. 54-55. A few particularly helpful sources are listed here, with the remaining items listed in Appendix IV-A.

Early Childhood

(12) pp. 20-25

(17) Chapter 4

(20) Chapter 3

(23)

Ellis, N. and Cross L. Planning programs for early education of the handicapped. New York: Walker & Co., 1976, Part IV.

Portage Project readings, available free from David E. Shearer, Portage Project, CESA 12 P.O. Box 564, Portage, WI 53901.

Severely Handicapped

(4)

(12)

(15)

(20) Chapter 3

Diagnostic and prescriptive programming for the severely handicapped. Eugene, Oregon: University of Oregon, Northwest Special Education Learning Resource System, 1974.

Harrison, S. and Johnson, M. Establishing services for the severely handicapped in public schools. Salt Lake City, Utah: Southwest Regional Resource Center, 1975.

Resource booklet describing assessment tools for use by teachers of the severely multiply handicapped. Des Moines, IA: Midwest Regional Resource Center, 1976.

Ryan, T. Development of an interdisciplinary educational team. In Proceedings from summer workshop for preparation of personnel in education of the severely/profoundly handicapped. Seattle, WA: University of Washington, June, 1976.

9. Obtain one or more of the following media programs and review it.

Early Childhood

(1) Coming Back or Never Leaving (Mediapak 3), Assessment and Instructional Planning. Pasanella & Volkmor, Charles E. Merrill Publishing Co., 1977.

(2) Children with Handicaps, Families Who Care (Support from Educators - Special Education Early), Parents Magazine Films, Inc., 1976.

(3) Infant Appraisal, National Audiovisual Center, Govt. Services Administration, Washington, D.C. 20409.

(4) The Child , Part I, II, III, McGraw-Hill Films, 1976.

(5) Growth and Development of a Multi Handicapped Infant , New York University Film Library.

(6) Early Recognition of Children with Learning Disabilities, Captioned Films for the Deaf, Suite 223, 624 E. Walnut St., Indianapolis 46204.

Severely Handicapped

Filmstrips:

(1) DASIE - Your local ALRC Associate Center

(2) To Educate All Children: PL 94-142 , NASDSE, 1201 16th St., N.W., Washington, D.C. 20036.

Films:

(3) A Boy Named Terry Egan , University of California, Berkeley: Extension Media Center.

(4) Thursday's Children , University of California, Berkeley: Extension Media Center.

(5) Time's Lost Children , University of California, Berkeley: Extension Media Center.

(6) Testing Multi Handicapped Children . United Cerebral Palsy Research and Education Foundation (Sale); rental from Indiana University A-V Center. Describes techniques which have been devised to determine the probable educability of multiply handicapped children.

(7) Acquisition of Language by a Speechless Child. Penn State University, sale. Indiana University A-V Center, rental. A case study of a speechless boy demonstrates assessment and instructional techniques.

ANSWER SHEET FOR TASKS

1. Academic, social, self-help, psychomotor, pre-vocational/vocational.

2. 3 2 1 5 4

3. Developmental checklists, observation, interview.

4. -- adapted instruments for use with differing cultural/language background
   -- specialists familiar with child's cultural/language background will do the assessment
   -- tests administered in child's native language
   -- use of interpreters
   -- use of local norms
   -- use of criterion referenced tests
   -- use of developmental checklists
   -- communication with parents done in their native language

IEP - Total Service Plan

Richard (DOB 5-13-73) Student's Name John Tracy Clinic School 3-23-17 Meeting Date Committee Members S Smith (teacher), B. Baker (psych), L Long (educ.), T Tooker (speech) Parent Signature of Approval	Placement Recommendation % of Time in Regular Education Justification for Type of Placement (indicate other alternatives considered) Placement Date	Special Education and Related Services Type of PE Career Ed	Start Date	Duration of Service

Present Levels of Performance (Refuge Guide, interview, parent, observation)	Long Range Goals	Annual Instructional Objectives for Each Goal (Include evaluation criteria)	Evaluation Procedures	Review Date
academic language - #32 - names 5-7 objects cognition - #62 - identifies primary colors self-help #69 - dresses self with supervision social #21 follows simple directions; plays alone. psychomotor #71 bounces large ball prevocational/vocational				

Persons Responsible for Implementing IEP	Special Inst'l Media / Materials Needed (suggestions to implementers)
83	84

IEP - Total Service Plan

Sandy (DOB 7-1-69) Student's Name Sunrise School 9-15-76 Meeting Date Committee Members Fuller (teacher), Price (psych), Madden (adm), Linga (speech), Wade (ccs), Ives (prog spec.) Mrs Henry Silverman Parent Signature of Approval	Placement Recommendation % of Time in Regular Education Justification for Type of Placement (include other alternatives considered): Placement Date	Special Education and Related Services Type of PE Career Ed	Start Date	Duration of Service

Present Levels of Performance	Long Range Goals	Annual Instructional Objectives for Each Goal (Include evaluation criteria)	Evaluation Procedures	Review Date
Mod. Red Monkey, observation academic Sorts objects by form, prints letters in name, copies vertical lines and circles; establishes book and story preference. Language: uses single words; responds to: up, down, by, on, over, under self-help Eats with fork/spoon; sorts like objects. single-folds laundry; mixes wet and dry ingredients with spoon; puts requested items in a place setting social Establishes rapport with unfamiliar adults; flexible in moving between settings in school; reports to adult when she hurts herself psychomotor Pincer grasp; holds objects with one hand, manipulates with other; beginning use of scissors; walks and runs; goes up and down stairs without alternating feet holding on to rail; does not jump; completes forward roll. prevocational/vocational follows 1-step directions · unable to recognize mistakes; accepts tasks and works to completion				

Persons Responsible for Implementing IEP	Special Inst'l Media/Materials Needed (suggestions to implementers)
85	86

COMPONENT B: LONG RANGE GOALS

Long range goals are general and global "aims statements" which describe what needs to be learned by the student. Goal statements reflect what the team expects to see accomplished by the student on a long-term basis. Goal statements identify the important areas for educational programming and help the plan implementors focus on the needs of the learner.

The primary purpose of stating goals is to provide direction as to emphasis, activities and outcomes of the learner's educational program. The goals may be in any or all of the five areas specified under "present levels of performance ". For example: "improve self-help skills" or "increase verbal language ". Long range goals evolve from the assessment information and resulting statements of the student's present levels of performance. It is essential to work from what the child has already accomplished, his strengths, learning style, learning rate, as reflected in assessment data, to project into the future what he needs to learn and can learn.

Identified learning needs may reflect the total view of the child, over the long range, on into adulthood, but in practical terms, they should reflect goals for the academic year. Long Range Goals on the IEP are directed toward the ultimate goal of enabling the student to function as an independent, competent and self-sufficient adult to the greatest possible degree.

Brown, Nietupski and Hamre-Nietupski (1976) speak of the "criterion of ultimate functioning" which:

> ...refers to the changing, expanding, localized, and personalized cluster of factors that each person must possess in order to function as independently as possible in a socially, vocationally, and domestically integrated adult community environment (p. 8).

Since a number of goals may be identified for an individual student, it is important to prioritize the goals in order to initially focus instruction in areas of critical concern. Working on too many goals at once may make instruction fragmented and subject both the teacher and learner to frustration and failure. The NASDSE Resource Manual (1976) identifies the following considerations in prioritizing annual goals:

> --The parents' primary concerns
> --The teacher's primary concerns
> --The developmental sequence of the skills to be taught
> --The behaviors most readily changed, and
> --Critical needs that involve risk to the child and/or others.

Long range goals are the basis of the Total Service Plan and may or may not change over a year's time, depending on results of continuing assessment. Annual objectives are derived from long range goals. Objectives will be discussed in the next component.

In the GREEN section, following, we discuss Long Range Goals for young handicapped children, and in the BLUE section, Long Range Goals for the Severely handicapped learner. Keep in mind, as you work through the next sections, that a long range goal for one learner may be another's short range objective depending on individual needs and severity of handicap.

REMEMBER that....

Long Range Goals

- describe what the student needs to learn over the long-term
- provide a focus and emphasis for instruction
- are based on identified learner needs
- should be prioritized so that the teacher can first work with the student in the area of his/her greatest need
- are the basis for Annual Instructional Objectives

EARLY CHILDHOOD

Long range goals for children in early childhood programs are written for one or more need areas (cognitive, self-help, social, psychomotor, and language) identified during the assessment process. Analysis of the assessment data will enable the team to target in on lagging developmental areas. If an assessment checklist is used, the items or sub-areas themselves may become the long range goals. For example, the present performance level may be "grasping objects when they are handed to him"; a goal for this child might be for the child to "reach and grasp as objects are handed to him". When the "reaching" goal is achieved, it becomes the prerequisite skill (Present level of performance), and a new goal can be selected, such as "reaching to grasp objects in proximity".

In addition to focusing on areas of developmental delay, long range goals may also focus on enhancing strength areas such as self-help skills, social interactions or increased adaptive capacity, for example.

Some typical goals for preschool are listed below for each area of skill development. Generally, preschool goals focus most heavily on cognitive skills (including language), gross and fine motor skills, and self-help skills, and usually programs begin by limiting the number of goal areas to one or two, since the primary need areas may require almost full-time attention, especially at first.

Samples: (most of these are either from the Portage Guide to Early Education, 1976, or adapted from the Portage Guide)

Cognitive

1. Increase matching skills
2. Perform simple gestures on request
3. Put objects in containers and take them out

Self-help

1. Feed self independently
2. Dress self with help
3. Wash hands and face

Social

1. Imitate movements of adults or other child
2. Follow rules in group games led by adult
3. Take turns

Psychomotor

1. Sit self-supported
2. Walk up and downstairs
3. String beads

Many times goals are established in areas which can become the major responsibility of the parents. Some preschool programs list goals for the parents in addition to goals for the child, even though the focus of the IEP is on the child. Most preschool programs have recognized that child and parent programs must be simultaneous, interactive, and that they are impossible to separate into discrete parts if the child is to achieve maximum growth.

Sample goal statements for the case study, Matthew, are included to illustrate the interactive nature of child and parent programs and to indicate the link between assessment data and long range goals. Since Matthew performed consistently up through the card level of the Portage Guide listed in each area, language and social skills (attention) appear to be his greatest need areas, especially since teacher and parent interview revealed the greatest concern in these areas and since steady progress is being made in other areas.

IEP - Total Service Plan

Matthew (DOB 11-22-71)
Student's Name

Goad Start Kindergarten
School

3-15-77
Meeting Date

Committee Members J. Jones (teacher), B. Booth (psych), B. Henderson (speech)

Sally Slick
Parent Signature of Approval

Placement Recommendation

% of Time in Regular Education

Justification for Type of Placement (include other alternatives considered):

Placement Date

Special Education and Related Services

Type of PE

Career Ed

Start Date

Duration of Service

Present Levels of Performance (Portage Guide, interview w/parents, observation)	Long Range Goals	Annual Instructional Objectives for Each Goal (Include evaluation criteria)	Evaluation Procedures	Review Date
academic Cognition #79 - identifies color with object language #30 combines noun and verb in two word phrase self-help #72 dresses self completely; zips and buttons social #65 contributes to conversation attention wanders (observation) psychomotor #35 awkward at cutting, pasting, coloring, and printing prevocational/vocational	1. Increase expressive language 2. Increase attention to verbal instructions			

Persons Responsible for Implementing IEP	Special Inst'l Media/Materials Needed (suggestions to implementers)

SEVERELY HANDICAPPED

In setting annual goals for severely handicapped learners, it is essential to maintain the perspective of the amount of instructional time remaining before the child becomes 21. Haring (1976) says:

> Because of the children's extreme deficits, it is critical that we do not spend their time teaching them responses, skills and facts that are not essential to increasing their independence (p. 22).

For example, a job analysis survey conducted by the Experimental Education Unit at the University of Washington, revealed that workshop supervisors regarded skills such as being able to "write full name, home address, telephone number, age, name of employer, address of employer" as "unimportant" or "nonessential" for entry into sheltered employment. "Important" or "essential" skills included being able to "appear at job station on time and without prompting"; "maintaining personal hygiene", etc. (Mithaug and Haring, p. 271-2). Prevocational skills that need to be taught early in life are: self-esteem, positive attitudes about work, learning to co-operate and get along with others, following directions, and independent living skills (self-help skills). In order to be successful in the world of work, a smooth transition needs to occur between the expectations of the school setting and the work environment.

Severely handicapped learners should no longer be thought of in the custodial frame of reference. They should be accepted as learners, to whom specific skills may be taught--skills which are relevant to their present and future lives, and appropriate to the setting (rural/urban) in which they live. Haring (1976) suggests that the very least we can do for severely handicapped individuals is to teach them minimal self-help or housekeeping skills. Without these skills, the severely handicapped individual must always be provided for; he can never assume responsibility for himself. Menolascino (1974) suggests that education should aim to provide the severely handicapped individual with effective coping devices to deal with his interpersonal and physical environment, to increase the complexity of his behavior, extend his range of interpersonal skills and maximize his human qualities. Important goals, therefore, are those in the social adjustment, language/communication, and recreational areas. Also relevant here is the concept of "normalization" (Wolfensberger, 1972) which stresses the "development of personal behaviors and characteristics which are as culturally normative as possible" (p.28). A frequent problem in goal-setting for a severely handicapped person is the tendency to set limits on instructional goals--limits based on our own notions about what and how much this person can learn. While it is necessary to be realistic, it is also essential to avoid underestimating human potential.

Goals are derived from the individual's present level of performance and should be based on the developmental sequence of skills that need to be mastered in order for the student to become more functionally independent and prepared for life in the community. The sequence of general skill mastery in the areas of preacademic,

social development, psychomotor, self-help and language are fairly well understood and may be found in many commercial programs (See Appendix IV-B). Knowledge of these sequences, and/or use of these programs, helps in determining the next educational goals appropriate for a given student.

Johnson (1976) has provided some guidelines for prioritizing goals:

1. Look at the child's current placement:

   What are the immediate concerns of the parents/caretakers? What would make living with this child more enjoyable or less difficult? i.e., self-feeding skills?

2. Consider the amount of instructional time that is available:

   How many years does the child have left in the educational setting? Will the child have time to learn this skill to the level of proficiency necessary to make it functional? If not, is there another, more useful skill, which can be taught in the available time?

3. Consider the child's probable future placement:

   Placement may be in semi-independent living, group homes, intermediate care facilities, foster homes, or in an institution.
   What skills might facilitate placement in a less restrictive setting?

4. What will the individual be doing when he is out of school?

   The team can make some assumptions about skills that will be useful in the learner's life. Preacademic skills will have limited usefulness in most environments; self-help and communication skills will probably be functional any place; recreation skills are functional for an individual with unstructured free time.

The annual goals serve as the link between the assessment and learner's present level of functioning and the specific objectives which are the basis of instruction. The case study which was first presented in Component A is continued on the next page. Study the goals stated for Martin and relate these to his present levels of performance.

IEP - Total Service Plan

Martin (DOB 10-27-69) Student's Name Bright Noves School 1-21-77 Meeting Date Committee Members O. Count (psych), B. Pal (adm), E. Ready (teacher), N. Lawler (speech), O. Payne (nurse) Mary Keener (guardian) Parent Signature of Approval	Placement Recommendation % of Time in Regular Education Justification for Type of Placement (include other alternatives considered) Placement Date	Special Education and Related Services Type of PE Career Ed	Start Date	Duration of Service

Present Levels of Performance (Koontz, Cattell, Meclam, observation, interview)	Long Range Goals	Annual Instructional Objectives for Each Goal (Include evaluation criteria)	Evaluation Procedures	Review Date
academic Appears unable to do puzzles, stack blocks, or scribble spontaneously	3. Will complete simple tasks			
self-help Eats with spoon, drinks from cup. Does not dress self.	2. Will assist in dressing himself.			
social Laughs and smiles appropriately. Responds to his name and to "no-no." Screams when frustrated.	1. Increase number of simple directions followed and will decrease screaming behavior			
psychomotor Walks with agility, rides tricycle, throws ball. Does not balance on one foot	4. Will increase number of motor abilities			
prevocational/vocational Follows simple instructions selectively				

Persons Responsible for Implementing IEP	Special Inst'l Media/Materials Needed (suggestions to implementers)
95	96

REFERENCES

1. Brown, L., Nietupski, J., Hamre-Nietupski, S. Criterion of ultimate functioning. In M.A. Thomas (Ed.) Hey, don't forget about me: Education's investment in the severely, profoundly, and multiply handicapped. Reston, VA: CEC, 1976.

2. Functions of the placement committee in special education: A resource manual. Washington, DC: NASDSE, 1976.

3. Haring, N. Curriculum development for the severely/profoundly retarded: Using the developmental approach as a basis for planning and sequencing different kinds of curricula for severely/profoundly handicapped. Seattle, 1975. In Proceedings from summer workshop for preparation of personnel in education of the severely/profoundly handicapped. University of Washington, Seattle, WA, June 1976.

4. Haring, N. Welcoming address. Proceedings from summer workshop for preparation of personnel in education of the severely/profoundly handicapped. University of Washington, Seattle, WA, June 1976.

5. Johnson, J. Programing for severely handicapped individuals: Some considerations. In Proceedings from summer workshop for preparation of personnel in education of the severely/profoundly handicapped. University of Washington, Seattle, WA, June 1976.

6. Menolascino, F. The role of parent associations in obtaining and monitoring normalized services for the mentally retarded. In F. Menolascino and P. Pearson (Eds.) Beyond the limits. Seattle, Washington: Bernie Straub Publishing Co., Inc. & Special Child Publications, 1974.

7. Mithaug, D. E. and Haring, N. Community vocational and workshop placement. In N. Haring and L. Brown (Eds.) Teaching the severely handicapped. Vol. II. New York: Grune & Stratton, Inc., 1976.

8. Shearer, D. et. al. Portage guide to education. Portage, WI: Portage Project, 1976.

9. Wolfensberger, W. The principle of normalization in human services. Toronto: National Institute on Mental Retardation, 1972.

COMPONENT B TASKS (GOALS)

Answers to Tasks 1, 2, 3, and 7 can be found on p. 84.

Progress Checks

1. Which of the following are long term goals?

   a ___ will receive physical therapy

   b ___ will increase receptive and expressive language skills

   c ___ will be evaluated on visual discrimination skills

   d ___ will have hearing aid repaired

   e ___ will go upstairs, alternating feet, and using handrail

   f ___ need for strong program of academic stimulation

   g ___ feed self using spoon

   h ___ participate voluntarily in group activities

   Critique those statements you felt were not goals by selecting one of the following:

   1) statement of service to be provided by teacher or therapist, not an achievement goal for the child

   2) statement too broad; no description of what is expected from the child

Item	Critique
a	1
___	___
___	___
___	___

2. What are some guidelines which the SAT or EAS should consider when prioritizing goals for a student?

3. Return to the case studies on page 74, or page 77 of this component. Look at the prioritized goal statements for one case. Why were these goals selected for this student?

Application Tasks

4. Based on the present performance levels stated for Richard or Sandy, depending on the case you selected in Component A, target two long-range goals for this student. Write the goals on your Total Service Plan form in priority order. Compare the goal statements you wrote with the ones written by the assessment team (See Answer Sheets).

5. Using your own case data, specify at least two long-range goals for your student. Write the goals, in priority order on your student's Total Service Plan.

Learning Alternatives

6. Observe in a special education program at your school, or in a different setting. Select a student and observe that student's activities. Can you identify the goals toward which the teacher is working? Are the goals individual or total class/program goals?

7. Do some outside reading. The numbered items are listed in the References, p. 78. Particularly helpful sources are cited here, with additional materials in Appendix IV-B.

   After reading the Bronfenbrenner article (p.82), respond to the following: A beginning teacher says her goals are simply to establish a trusting relationship with her children. She doesn't see the need to plan for each child or to have specific program goals. What would you say? Do you agree or disagree? What does the research cited by Bronfenbrenner support?

EARLY
CHILDHOOD

Bronfenbrenne:, U. et al (Ed.). Is early intervention effective? In B. Friedlander. Exceptional infant: Volume 3 - assessment and intervention. New York: Brunner/Mazel, Inc., 1975, 449-475.

Jordan, J., Hayden, A., Karnes, M., Wood, M. Early childhood education for exceptional children. Reston, Virginia: Council for Exceptional Children, 1977.

Allen, K., Early intervention. In M. Thomas (Ed.) Hey, don't forget about me Education's investment in the severely, profoundly, and multiply handicapped. Reston, Virginia: Council for Exceptional Children, 1976.

SEVERELY
HANDICAPPED (5)
(7)

Speert, S. Continuing education. In Proceedings from summer workshop for preparation of personnel in education of the severely/profoundly handicapped. Seattle, Washington: University of Washington, June, 1976.

Severely Handicapped

8. View one of the following films.

   a. Count Me In , Santa Monica, CA: Stanfield House, 1976. A film which beautifully illustrates what is meant by developmental disabilities and "What is meant by 'normalization' as illustrated through the words and actions of neighbors, employers, and the handicapped themselves."

   b. People First , Santa Monica, CA: Stanfield House, 1976. An ambitious documentary on equal rights for developmentally disabled. It follows the lives and political activities of People First, a self-advocacy group of former residents of Fairview Hospital and Training Center.

   c. Graduation , Santa Monica, CA: Stanfield House, 1973. This film provides an overview of existing post-school facilities and dramatizes the need for more comprehensive programming. It focuses on the retarded child when he grows up.

ANSWER SHEET FOR TASKS

1. Items b,e,g, and h are goals.

   Items a,c,d are statements of services to be provided, not goals the child will achieve. Item f is too broad and does not describe what is expected from the child.

2. Some considerations in prioritizing goals:

   a) parent's primary concerns

   b) teachers' primary concerns

   c) developmental sequence of the skills to be taught

   d) behaviors most readily changed

   e) critical needs involving risk to the child and/or others

3. The present levels of performance and assessment summaries targeted need areas which were used to write goals.

7. The studies reviewed by Bronfenbrenner support programs with strong emphasis on cognitive goals. Other research supports programs which establish goals and objectives and evaluate progress toward those goals and objectives periodically. In order for early intervention to have lasting effects, certain program goals seem most important (parent involvement, cognitive emphasis, close monitoring and individual progress), and the beginning teacher seems to be out of touch with data on program effectiveness. She should also consider differing cognitive, social, motor and language needs of individual children in her class.

IEP - Total Service Plan

Richard (DOB 3-13-73) Student's Name John Tracy Clinic School 3-23-77 Meeting Date Committee Members S Smith (teacher), B. Bato (psych), L. Long (adm.), T. Tooker (speech) Shirley Smart Parent Signature of Approval	Placement Recommendation % of Time in Regular Education Justification for Type of Placement (include other alternatives considered). Placement Date	Special Education and Related Services Type of PE Career Ed	Start Date	Duration of Service

Present Levels of Performance (Portage Guide, Interview w/parent, observation)	Long Range Goals	Annual Instructional Objectives for Each Goal (Include evaluation criteria)	Evaluation Procedures	Review Date
academic language - #32 - names 5-7 objects cognition - #62 - identifies primary colors self-help #69 - bathes self with supervision social #21 follows simple directions; plays alone psychomotor #91 bounces large ball prevocational/vocational	2. Increase verbal communication skills 1. Increase socialization and interaction with peers at home and school			

Persons Responsible for Implementing IEP	Special Inst'l Media/Materials Needed (suggestions to implementers)

IEP - Total Service Plan

Sandy (DOB 7-1-69) Student's Name Sunrise School 9-15-76 Meeting Date Committee Members Fuller (teacher), Price (psych), Madden (adm), Linn (speech), Wade (CCS), Ives (prog spec.) Mrs Henry Silvermans Parent Signature of Approval	Placement Recommendation % of Time in Regular Education Justification for Type of Placement (include other alternatives considered): Placement Date	Special Education and Related Services Type of PE Career Ed	Start Date	Duration of Service
Present Levels of Performance	**Long Range Goals**	**Annual Instructional Objectives for Each Goal (Include evaluation criteria)**	**Evaluation Procedures**	**Review Date**
Modified Monterey observation academic Sorts objects by form, prints letters in name, copies vertical lines and circles; establishes book and story preference. Language: uses single words; responds to: up, down, by, oh, over, under self-help Eats with fork/spoon; sorts like objects. single-folds laundry; mixes wet and dry ingredients with spoon; puts requested items in a place setting social Establishes rapport with unfamiliar adults; flexible in moving between settings in school; reports to adult when she hurts herself psychomotor Pincer grasp; holds objects with one hand, manipulates with other; beginning use of scissors; walks and runs; goes up and down stairs without alternating feet holding on to rail; does not jump; completes forward roll. prevocational/vocational Follows 1-step directions; unable to recognize mistakes; accepts tasks and works to completion	2. Sandy will print her first name and use it to identify her work. 1. Sandy will use short sentences. 3. Sandy will be able to perform kitchen chores			
Persons Responsible for Implementing IEP	**Special Inst'l Media/Materials Needed (suggestions to implementers)**			

COMPONENT C: ANNUAL INSTRUCTIONAL OBJECTIVES

Introduction

Annual instructional objectives are required components of the IEP and are an outgrowth of the long term goal statements. Annual objectives are specific and concrete statements of what skills a student should have at the end of nine months (a school year). For each of the long-term goals specified, the team will develop several annual objectives. These objectives tell where the student is going and when s/he is expected to get there.

Annual objectives are written in behavioral terms and include criteria by which learner progress can be determined. Annual objectives must be written so that they are reasonable and realistic for the student to accomplish in a nine month period (one school year).

Ryan (1976) has listed five basic reasons for writing objectives. These are:

1. To provide a guide for curriculum development or to sequence instruction;
2. To provide a basis for evaluation of student progress;
3. To provide the teacher with criteria to determine when an educational target has been achieved and when to focus on new targets;
4. To provide parents, administrators, and sometimes the pupil with information as to what is expected in the educational setting and when it is accomplished;
5. To meet administrative and/or legislative requirements.

The components of an annual objective are:

1. Projected date of accomplishment:
   BY JUNE

2. Terminal behavior: what the learner will do:
   COUNT TO 20

3. Conditions: materials the learner will use; how the learner will perform the behavior:
   BY ROTE

4. Criteria: to what extent; minimum standard of achievement:
   100% ACCURACY IN 5 TRIALS

The terminal behavior must be stated using an action verb, i.e., count, name, lift, throw, hop. Conditions can include the setting (during recess), the materials (using an 8" rubber ball), and how (with both hands). Criteria should specify the degree of achievement, i.e., three out of five times, 80% of the time. If this is not specified, 100% accuracy is assumed. "Time" can be either a condition (Given 20 minutes, J. will complete a one page job application without any errors) or a criterion (J. will complete a one page job application within 10 minutes).

Some commercial assessment/programming systems (System FORE, Santa Clara Inventory of Developmental Activities, Portage Project), which correlate assessment and programming, are currently available (see Appendices IV-A & IV-C). Once the learner's goals have been determined, programs, such as those mentioned above, can suggest ways to analyze or break down a goal into a related series of objectives. The items in these programs may have to be extended so that they include all the components necessary for an instructional objective, i.e., date of accomplishment. Objectives which are keyed to instructional sequences are often very helpful to the teacher in implementing a learner's goals in the classroom. Many commercial programs include suggested tasks and/or materials for teaching to the objective. The teacher, as a member of the team, should inform the other team members of the programs and materials she has available in the classroom.

Annual objectives are written, as we've already mentioned, for each long-term goal. However, the objectives may diminish in number and intensity according to goal priority. In other words, the first priority goal for an individual student may have more emphasis--more objectives--than a fourth priority goal.

P.L. 94-142 requires that each IEP for every handicapped child shall be reviewed and, if necessary, revised..."periodically, but not less than annually". For this reason, clear specific criteria and measurement/evaluation procedures must be built into each annual objective. Objectives are the basis for the yearly review and evaluation of student progress and of the appropriateness of the IEP.

Remember....

Annual Instructional Objectives:

- are developed from goal statements
- state what the student should be able to do at the end of a school year
- provide criteria for determining learner progress
- will be used as the basis of instruction
- include 4 components: projected date of accomplishment; conditions; terminal behavior; criteria
- can be adapted from commercial programs to meet the needs of individual learners.

Once goals for the child have been determined and listed by priority, the annual objectives are written. The process of writing objectives can be made much simpler by the use of correlated assessment and curriculum packages already developed. Some are mentioned below.

Project MEMPHIS, whose Comprehensive Developmental Scale was cited in the section on Present Levels of Performance, has developed Lesson Plans for Enhancing Preschool Developmental Progress. This curriculum is designed to be appropriate for a variety of handicapping conditions and features hierarchic sequences of skills with broad categories of child development as the content areas. Each content area is sequenced independently, which permits easy adaptation within the area of the child's greatest disability. This project serves children with behavior problems and developmental deficiencies who are in foster homes, and the curriculum is especially appropriate for children who display these types of mild/moderate handicapping conditions.

Portage Project has developed a card file, also developmental, which focuses on five areas: cognitive, self-help, motor, language, and socialization. The cards are color-coded and cross-referenced, within and across the five areas, to facilitate teaching preliminary skills in one area which may support skills in another. The Portage Project is also non-categorical, but they have developed a section of curriculum for infant stimulation, which extends its usefulness to more severely handicapped children.

The UNISTAPS Project is an example of a curriculum model with emphasis on basic skills in 10 areas (physical health, mental health, independence, self-image, socialization, intellectual development, preacademics, language, creativity, and motor). Designed for hearing impaired children, two curriculum guides (ages 0-3 and 3-6) are available. The curriculum objectives are arranged in a spiral sequence, so that achievement in an area (e.g., language) leads into the next targeted objective.

Other programs and strategies for organizing curriculum objectives are discussed in detail by Wood and Hurley (1977). In selecting a model, it is important to consider the child population for which it was designed, the appropriateness of objectives, activities and materials for your program and child goals, similarity of physical setting and schedule, and whether or not the curriculum has been validated. For mild/moderately handicapped preschoolers, research supports the use of cognitively-oriented programs, as children in this type of program seem to make the greatest and most enduring gains (Karnes, 1969; Bronfenbrenner, 1974).

In selecting, adapting, or formulating objectives from available programs, be sure to specify the evaluation criteria for achievement. Many programs in the past have used age norms as criteria, but this is not recommended since the handicap may prevent the child from achieving "normal" age criterion and since little information exists regarding sequence of development in handicapped children compared to normal children. Where a developmental stage is blocked because of a specific physical or emotional handicap, alternate strengths have to be substituted to achieve the necessary growth. Pinpointing a child's strength which will allow him to compensate for his handicapping condition and progress normally is the real challenge behind the writing of instructional objectives.

Most preschool programs specify criterion behaviors for each objective (Portage Project) or general descriptions of the way the child should perform (Chapel Hill). Rutland Center specifies that the child must perform with 90% mastery simultaneously across settings (home, nursery, and center) on each objective, regardless of skill area or content to be mastered.

Parents can be instrumental in helping to formulate objectives for their child. The Down's Syndrome Program at the Seattle Model Preschool uses the following letter (Figure 12, following) to begin collecting information from parents.

Figure 12

Goals for Home Management

Dear Parent:

Please indicate one or two objectives in any of the following areas that you would like your child to attain this quarter. Be specific. After you have identified these objectives, we will discuss them with you and will help you plan a program or programs to meet them.

(Please state objectives in terms of child behaviors.)

Gross Motor

1. _____
2. _____

Fine Motor

1. _____
2. _____

Self-help Skills

1. _____
2. _____

Preacademic Skills

1. _____
2. _____

Social Interaction and Language

1. _____
2. _____

Behaviors you would like to increase or decrease

1. _____
2. _____

Please return this form during the first week of school. Thank you.

Sincerely yours,
Val Dmitriev
Coordinator, Down's Syndrome Programs

Some annual objectives used by the Portage Project are listed, below, in each area of content and at varying skill levels to illustrate the components of objectives: time referenced, behaviorally stated, under specified conditions, with mastery criteria listed. These samples may help to provide a format for devising objectives of your own. Once again, however, don't spend needless time formulating objectives if you can select an objective-based model to fit your needs. Adapting is always easier than starting from scratch.

Sample Objectives

MOTOR

1. By May 1977, S will feel objects placed in his hands by moving his fingers and hands around objects.
2. By May 1977, S will stand for 30 seconds while holding onto furniture after having been pulled to a standing position.
3. By May 1977, S will roll a ball to an adult in imitation.
4. By May 1977, S will build a tower of 5 blocks by watching an adult.
5. By May 1977, S will grasp and place a medium peg in pegboard without aid.

SOCIALIZATION

1. By May 1977, S will reach for and attempt to take an object offered by an adult.
2. By May 1977, S will imitate an adult in waving goodbye.
3. By May 1977, S will come when called 25% of the time.
4. By May 1977, S will point to the following when asked, with 100% accuracy: cookie, teddy, mommy, ball, blanket.
5. By May 1977, S will initiate communication with teacher or another child 5 times each day.

LANGUAGE

1. By May 1977, S will use vocalization to get attention from children or adults.
2. By May 1977, S will answer questions by pointing, nodding, smiling, gesture or eye movement.
3. By May 1977, S will repeat the same sound over and over for a one-minute period, without help.
4. By May 1977, S will use any two words when asked to name an object or person (not imitation).
5. By May 1977, S will point to 5 pictured familiar objects on request with 100% accuracy.

SELF-HELP

1. By May 1977, S will hold out foot when parent brings sock toward it and will hold out hand when jacket is brought towards child.
2. By May 1977, S will hold cup in one hand, bring it to mouth, and drink 3 times a day.
3. By May 1977, S will take hat and place it on his head and remove it.
4. By May 1977, S will remove untied shoes unaided, on request of parent or teacher.
5. By May 1977, S will unbutton 5 large coat buttons unaided.

COGNITION

1. By May 1977, S will place circle, square, and triangle in correct holes in a form board without trial and error 100% of the time.
2. By May 1977, S will string four beads in two minutes.
3. By May 1977, S will build a tower of at least 10 blocks, one block on top of the other.
4. By May 1977, S will copy an adult's drawing of a triangle.
5. By May 1977, S will discriminate "short" and "long" by naming which line or object is long and which is short, with 100% accuracy.

The following case study, Matthew, will provide examples of objectives drawn from an existing objective-based system (Portage Guide to Early Education) and tailored to be appropriate for this child. Review the Annual Instructional Objectives column on the IEP and see how objectives are based on prioritized goals.

IEP - Total Service Plan

Matthew (DOB 11-22-71) Student's Name	Placement Recommendation	Special Education and Related Services	Start Date	Duration of Service
Good Start kindergarten School	% of Time in Regular Education			
3-15-77 Meeting Date	Justification for Type of Placement (include other alternatives considered)			
Committee Members J. Jones (teacher), B. Booth (psych), B. Henderson (speech)		Type of PL		
Sally Slick Parent Signature of Approval	Placement Date	Career Ed		

Present Levels of Performance	Long Range Goals	Annual Instructional Objectives for Each Goal (Include evaluation criteria)	Evaluation Procedures	Review Date
Portage Guide, interview w/parents, observation academic Cognition #79 - identifies color with object language #30 combines noun and verb in two word phrase self-help #72 dresses self completely; zips and buttons social #65 contributes to conversation attention wanders (observation) psychomotor #85 awkward at cutting, pasting, coloring, and printing prevocational/vocational	1. Increase expressive language	1. Matthew will answer "What's ___ doing?" questions and will ask "what are you doing?" at least 5 times each day during language.		
	2. Increase attention to verbal instructions	2. Matthew will return his attention to teacher after any interruption or distracting visual stimulus within 10 seconds.		

Persons Responsible for Implementing IEP	Special Inst'l Media/Materials Needed (suggestions to implementers)

This section will discuss writing objectives for the severely handicapped learner in various skill areas. When writing objectives for severely handicapped learners, it is important to keep in mind the learner's past skill acquisition rate so that realistic predictions concerning future acquisition rates can be made. We must also strive to write "functional" objectives--objectives aimed at building skills which are useful and meaningful in the child's life. Readers should also refer to pages 93-94 in the Early Childhood section of this component.

1. Preacademic/Academic Skills

As we mentioned previously, many feel that the severely handicapped will only be able to master preacademic skills, and that if they are ready for academics, they no longer need to be identified as severely handicapped. Some severely handicapped students will be unable to acquire even preacademic skills. However, several authors (Cohen, Gross, and Haring, 1976; Williams et al. 1976) feel that the learners' objectives should encompass skills which will enhance their ability to effectively interact with objects, events and people across environments. In addition, inclusion of preacademics in the child's IEP allows the teacher the opportunity to explore and expand the child's possibilities and capabilities. Williams et al. feel that severely handicapped learners should be taught functional use skills related to the concepts of sets: one-many, one-to-one correspondence, equivalence, more and less, counting, addition, subtraction, money, time-telling and calendar use. These authors have detailed an empirically verified math skill sequence that allows for sufficient instruction and practice, teaching skills through functional, relevant tasks, and that minimizes the need for a high level of function in receptive and expressive language.

Sample objectives for preacademic skills are:

1. When orally questioned by teacher, S will correctly tell which buys more: penny, nickel, dime, on 4 out of 5 trials.
2. When looking at clock on the full hour, S will tell time correctly.
3. By May 1977, S will be able to identify five common objects (i.e. shoe, spoon, table) by pointing correctly when asked, "S, point to the_____," with 4 out of 5 correct responses, as counted by teacher.
4. S will identify the colors red, blue, and yellow by responding correctly to "S., show me the yellow (blue, red) circle," when red, blue, and yellow circles are all present, 4 out of 5 times, as measured by teacher.
5. S will point to three body parts (eyes, nose, mouth) on request, with 80% accuracy, as measured by teacher.
6. S will match two objects that are alike when given one object (i.e. a little white sock) and requested to find another object just like the first when given a choice of three other objects (i.e. a big red sock, brown shoe, and little white sock), 4 out of 5 times, as counted by teacher.

2. Social Skills

Social skills cannot be overemphasized when one of the goals in education for the severely handicapped learner is vocational placement. Social skills are also necessary for maintaining the individual in a home or residential setting. Objectives related to cooperating and responding in a one-to-one or small group situation; social conventions such as "hello", "how are you", "thank you"; and eating at a dining table in a restaurant or at home are examples of behaviors in the area of "social adjustment". Skill development in this area is typically very important to parents and other adults who work with the child, and can lead to the child's greater acceptance by others. Skills related to dressing, hygiene, and grooming, usually considered as "self help" skills, are obviously related to social adjustment.

Sample objectives for social skills are:

1. By May, 1978, S will play simple table games, with at least two other children, for 10 minutes.
2. When greeted by teacher, ("hello"; "good morning"; "how are you") S will respond appropriately at least 80% of the time.
3. S will tolerate holding hands with an adult, as counted by teacher, in 4 out of 5 times.
4. S will wait his turn for two minutes when teacher is working one-to-one with small group, as counted by teacher, in 4 out of 5 trials.
5. S will initiate simple, appropriate social interaction (i.e. smile at another person, gently touch another person for attention), once per first module hour, four times per school week, as counted by aide.
6. S will defend rights to his toys if fellow student attempts to take them away, 80% of the time, as noted in teacher's anecdotal records.

3. Self-help Skills

The self-help skills which need to be acquired by severely handicapped learners to promote their independence are numerous. Using public transportation is one of those skills which can lead to procuring such commodities as food and clothing, as well as access to recreation facilities and medical and dental assistance. Handling money correctly, personal cleanliness and hygiene, and grooming are also important. For younger students, objectives in the self-help area will focus on toileting, dressing, and feeding. Sample objectives for self-help skills are:

1. By June 1978, S, while seated in dining room, will be able to drink from a glass without assistance.
2. By the end of this school year, S will brush and comb hair, unassisted, upon teacher direction.
3. S will wash and dry hands unassisted, after toileting, 3 out of 5 times, as recorded by teacher.
4. S will unzip accessible zippers without assistance, 4 out of 5 times, as charted by teacher.
5. S will safely and independently cross street that is not too hazardous, looking both ways before crossing and waiting for cars to pass, 100% of trails, as checked by teacher and parent.

4. Language Skills

A great deal of work has been done in the past few years in teaching language and communication skills to severely handicapped persons. Impaired language and communication skills constitute a major impediment to social, emotional and vocational adjustment. More specifically, the language of severely handicapped children has been characterized as "not being developed beyond the stereotyped patterns of speech" and "delayed in the development of such conceptual linguistic functions as generalization, association, discrimination and the manipulation of verbal concepts." (Schlanger, 1967, p. 137). For children with physical and/or sensory impairments, speech may be an unattainable goal; therefore, language objectives will relate to the development of manual, or physical, communication systems or signals, and to the development of receptive language. Assistance from speech and language specialists should be provided. Sample language objectives are:

1. By May 1978, S will identify objects, from an array, and hand teacher the correct object, on verbal command, 4/5 trials.
2. S, by the end of the school year, will correctly point to pictures of familiar objects which teach names, using sign language; 8/10 trials.
3. S will sign a simple phrase spontaneously asking for two items (i.e. "napkin and straw, please"), three out of five times, as charted by teacher.
4. S will follow one simple direction (i.e. "S, clap your hands") when his name is called, 80% of trials, as charted by teacher.
5. S will ask for wants by saying object desired, three out of five times, as recorded by teacher.

5. Psychomotor Skills

The psychomotor area can include both gross and fine motor movements, muscle development, balance, and posture as well responses to sensory stimuli (light, sound, taste, etc.) and perceptual skills. Some of these skills can be developed in adaptive P.E. programs.

Motor activity is the child's first way of interacting with his environment. Children with severe sensory impairments may always have to rely on motor responses to communicate with the world around them. Posture and motor patterns are critical to healthy development, and it is therefore vital that parents and educators are very familiar with the normal developmental sequence in order to identify what skills the child should acquire next. Motor skills extend to the operation and manipulation of special equipment, such as a wheelchair. Perceptual-motor skills are basic to development of pre or academic skills and thus overlap with that skill area at the initial stage of skill acquisition. Posture and gait overlap with social adaptation behaviors necessary for acceptance and assimilation of the handicapped person in the larger community. Psychomotor skill development usually requires the expertise of physical/occupational therapists and professionals familiar with the medical aspects of handicapping conditions. Sample psychomotor skill objectives are:

1. By June 1978, S, when lying on carpeted floor, will be able to bring self to sitting position and sit alone for at least two seconds.
2. S, within six months, will be able to grasp a toy, placed in his hand by teacher, and hold it for three seconds.

3. S will decrease tongue thrust and increase swallowing control as measured by tongue remaining inside mouth and 75% of food on spoon being swallowed, 4 out of 5 trials, as measured by therapist.
4. S will creep reciprocally to get to toy six feet away, 3 out of 5 trials, as measured by therapist.
5. S will walk six feet unassisted, 4 out of 5 trials, as counted by teacher.
6. S will turn door knob and successfully open door, 4 out of 5 times as counted by teacher.
7. S will pick up small objects (i.e. crayon, button, finger food), using pincer grasp, 80% of the time, as measured by teacher.

6. Prevocational/Vocational Skills

Prevocational and vocational skills have become an important part of educational planning for the handicapped. "If economic viability is to be considered a long range objective of educational services, the schools will have to provide a systematic progression of prevocational experiences over an extended period of time " (Levy, Pomerantz, and Gold, 1976, p. 235).

Planning and programming prevocational skills into the IEP of the severely handicapped learner must begin shortly after the child enters school. Baroff (1974), proposes these basic objectives for elementary prevocational programs: (1) developing manual skills, (2) making small objects, (3) developing concern for the quality of tasks performed, (4) creating an awareness of the importance of task completion, and (5) strengthening work-related personality characteristics The classroom teacher is seen as playing a vital role in teaching prevocational skills.

Crosson (1969) makes an important point about vocational skill training for older students:

> ...rather than to 'find work' to match the abilities of those who can be productive in a sheltered environment, the emphasis should be to 'find ways' to train retarded youth to perform the available work (Crosson, 1969, p. 814).

In other words, it is important to base vocational objectives on specific conditions which actually exist in work environments where severely handicapped persons may ultimately function. Specific skills such as bagging, cutting, taping, stacking, sorting, stapling, etc. should be emphasized in relationship to work tasks actually available in the community.

Sample objectives in the vocational skills area are:

1. By June 1978, S will work independently on assigned task, without disruption, for a 15 minute period with fewer than five contacts from supervisor.
2. S will sort large from small bolts with 80% accuracy, as determined by teacher.
3. S will follow two simple directions given at the same time (i.e. "S, take off your coat and hang it on the hanger;" "S, take the basket of crackers to each person and then put the basket on the counter"), in 4 out of 5 chances, as counted by teacher.
4. S will appropriately sponge off tabletop after lunch, upon request, three out of five times, as evaluated by teacher.
5. S will fold paper in half with alignment of corners being off by no more than 1/4 inch, four out of five times, as measured by teacher.

Closely related to the whole area of vocational skills are leisure time activities. An IEP for the severely handicapped person should attend to personal development in this area also, since the severely handicapped person will have many hours to spend outside of an organized, structured work situation. Objectives should span such areas as arts and crafts, music, drama, dancing, camping, and field trips.

The case study for Martin continues on the next page. Study the instructional objectives stated for him and note how these relate to prioritized goals.

IEP - Total Service Plan

Martin (DOB 10-22-69) Student's Name	Placement Recommendation	Special Education and Related Services	Start Date	Duration of Service
Bright Acres School	% of Time in Regular Education			
1-21-77 Meeting Date	Justification for Type of Placement (include other alternatives considered)			
Committee Members O. Count (psych), B. Pal (adm), E. Ready (teacher), N. Lawler (speech), O. Thyne (nurse), Mary Keeper (Guardian)		Type of PE		
Parent Signature of Approval	Placement Date	Career Ed		

Present Levels of Performance (Scantz, Cattell, Medicam, observation, interview)	Long Range Goals	Annual Instructional Objectives for Each Goal (Include evaluation criteria)	Evaluation Procedures	Review Date
academic Appears unable to do puzzles, stack blocks, or scribble spontaneously	3. Will complete simple tasks	3. Martin will take 5 donut ring off post and then return them to post without prompts in 3 minutes, 4 of 5 trials		
self-help Eats with spoon, drinks from cup. Does not dress self.	2. Will assist in dressing himself.	2. Martin will unbutton and rebutton pants without assistance 4 out of 5 times when sent to the toilet		
social Laughs and smiles appropriately. Responds to his name and to "no-no." Screams when frustrated.	1. Increase number of simple directions followed and will decrease screaming behavior	4. Martin will balance on one foot for 2 seconds, 3 out of 3 trials.		
psychomotor Walks with agility, rides tricycle, throws ball. Does not balance on one foot	4. Will increase number of motor abilities	1. Martin will follow simple commands such as "Look at me," "Line up," "sit down" without screaming, on 4 out of 5 requests during first module.		
prevocational/vocational follows simple instructions selectively				

Persons Responsible for Implementing IEP	Special Inst'l Media/Materials Needed (suggestions to implementers)

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COMPONENT C TASKS (OBJECTIVES)

Possible answers for tasks 1,2,3,6 and 7 are listed on p. 110 and 111; Total Service Plans for Richard and Sandy are included on pp. 112-113.

Progress Checks

1. Which of the following are well-stated objectives?

   a) ___ design a social learning environment where Liz is an ongoing part of the program.

   b) ___ by May, 1977, Sam will roll a ball to an adult in imitation 3 of 3 trials.

   c) ___ by May, 1977, Suzie will pay attention to the teacher.

   d) ___ given 5 blocks, Sara will build a tower without assistance on at least 5 trials by June, 1977.

   e) ___ Stan will continue therapy twice a week.

   f) ___ Sandy will sit still and not bother others.

   g) ___ when asked, Sadie will point to the following with 100% accuracy by May, 1977: ball, blanket, cookie, teddy.

   List the items you did not feel were objectives and critique them by selecting one of the following:

Item	Critique	
___	___	1) objective for the teacher; not a behavior the child will demonstrate
___	___	2) does not contain one or more of the essential components of an objective
___	___	3) statement is broad; behavior is not specific and is impossible to measure.

2. Well-stated objectives have four components. These components are: _____ _____

_____ _____

2a List the most important reasons for specifying instructional objectives:

_____

_____

_____

3. Look at the annual objectives for the student case study on p.19 in Section 2. Do these objectives include:

(✓)

1) ( ) a date for accomplishment

2) ( ) terminal behavior

3) ( ) conditions for performing

4) ( ) criteria for performing

Application Tasks

4. Look at the goals you wrote for Richard or Sandy on your Total Service Plan. Write at least one annual objective for each goal. Compare the objectives you specified with those specified for them by the assessment team (See Answer Sheet). How similar are your objectives to the ones developed by the assessment team for these learners?

(✓)

a) ( ) Do yours contain the four basic components?

b) ( ) Are they related to the goals and the assessment?

c) ( ) Do they build on the learner's strengths?

5. Using your case study and your learner's annual goals, specify at least two annual instructional objectives for each stated goal. Write the objectives on your student's Total Service Plan.
6. What are some considerations you should make when you are thinking of using a curriculum-assessment package such as those described in the narrative?

7. What is one advantage of sequencing curriculum areas independent of each other (as in Project MEMPHIS) and one advantage of cross-referencing curriculum areas (as in the Portage Project)?

8. Borrow one or more assessment-curriculum packages from neighboring preschools or programs for severely handicapped and evaluate/critique them using these criteria:

(✓) Name of Program _____

a) ( ) child population (age and handicap if appropriate) is specified

b) ( ) objectives have four basic components

c) ( ) possible activities and materials are suggested

d) ( ) physical setting and schedule are described

Learning Alternatives

9. Do some outside reading. The numbered items are listed in References, p. 102-103. Additional particularly helpful sources are listed below. For further study, refer to Appendix IV-C.

Readings on Early Childhood

(17)

Pasanella, A. and Volkmor, C. Coming back or never leaving. Columbus, OH: Charles E. Merrill Publishing Co., 1977, Chapter 4.

Readings on Severely Handicapped

(17)

(14)

(16)

Bailey, C. Curriculum guidelines for teaching profound and severely retarded students (I.Q. under 40) including those with physical handicaps. AAESPH Review, 1975, 1 (1).

Brolin, D. Vocational preparation of retarded children. Columbus, Ohio: Charles E. Merrill Publishing Co., 1976.

Brolin, D. Project PRICE (Programming Retarded in Career Education). Columbia, Missouri: University of Missouri.

Certo, N., Schwartz, R., Brown, L. Community transportation: Teaching severely handicapped students to ride a public bus system. In N. Haring and L. Brown (Eds.) Teaching the severely handicapped (Vol. II). New York: Grune & Stratton Inc., 1976.

Hamre, S. An approximation of an instructional model for developing home living skills in severely handicapped students. Seattle: AAESPH, May 1975.

Mithaug, D. Community vocational and workshop placement. In N. Haring and L. Brown. (Eds.) Teaching the severely handicapped (Vol. II). New York: Grune & Stratton, Inc., 1976.

Schiefelbusch, R., Copeland, R., Smith, J.O. Language and mental retardation, New York: Holt, Rinehart & Winston, 1967.

Sternat, J., Messina, R., Lyon, S., and Nietupski, J. Part III. Curricular suggestions for teaching severely handicapped students selected clusters of head control skills. In E. Sontag (Ed.). Educational programming for the severely/profoundly handicapped, Reston, VA: The Council for Exceptional Children, 1977.

Swetlik, B. and Brown, L. Teaching severely handicapped students to express selected first, second and third person singluar pronoun responses in answer to "who-doing" questions. In N. Haring & L. Brown (Eds.) Teaching the severely handicapped, Vol. II. New York: Grune & Stratton, Inc., 1976.

ANSWER SHEET FOR TASKS

1. Items b,d, and g are correctly stated objectives.

   Items a and e are objectives for the teacher, not a behavior the child will demonstrate.

   Item c is too broad; behavior is not specific enough to measure and it does not contain criteria or conditions.

   Item f does not contain criteria, conditions or a date; the behavior itself is difficult to measure and would be better stated in a positive way (e.g., Sandy will pat drum during three songs in music, without touching other children by May, 1977.)

2. specific terminal behavior
   under what conditions
   criteria for performance
   by what date

2a. -- guide for curriculum development
   -- basis for evaluation of student progress
   -- provides criteria to determine when an educational target has been achieved and when to focus on new targets
   -- provides information as to what is expected in the educational setting and when it is accomplished
   -- to meet legislative requirements

3. The objectives in the case studies include all four components.

6. Is the child population specified?

   Are the assessment items correlated to objectives?

   Are the objectives well-stated?

   Are activities and materials suggested?

   Are the physical setting and schedule used in developing the program described?

IEP - Total Service Plan

Richard (DOB 3-13-73) Student's Name John Tracy Clinic School 3-23-77 Meeting Date Committee Members S. Smith (teacher), B. Bates (psych), L. Long (adm.), T. Tooker (speech) Parent Signature of Approval	Placement Recommendation % of Time in Regular Education Justification for Type of Placement (include other alternatives considered) Placement Date	Special Education and Related Services Type of PE Career Ed	Start Date	Duration of Service

Present Levels of Performance (Portage Guide, Interview w/parent, observation)	Long Range Goals	Annual Instructional Objectives for Each Goal (Include evaluation criteria)	Evaluation Procedures	Review Date
academic language - #32 - names 5-7 objects cognition - #62 - identifies primary colors self-help #69 - bathes self with supervision social #21 follows simple directions; plays alone psychomotor #91 bounces large ball prevocational/vocational	2. Increase verbal communication skills 1. Increase socialization and interaction with peers at home and school	2. Richard will increase his receptive vocabulary to 15 items with 100% accuracy in 3 trials 1a. Richard will increase positive interaction with peers at home and at school in selected activities 80% of the time when asked. 1b. Richard will increase positive behaviors to get attention by completing at least one task each day at home and at school.		

Persons Responsible for Implementing IEP	Special Inst'l Media/Materials Needed (suggestions to implementers)

IEP - Total Service Plan

Sandy (DOB 7-1-69) Student's Name		Special Education and Related Services	Start Date	Duration of Service
Sunrise School	Placement Recommendation			
9-15-76 Meeting Date	% of Time in Regular Education			
Committee Members Fuller (teacher), Price (psych), Madden (adm), Lima (speech), Wade (CCS), Ives (prog spec.)	Justification for Type of Placement (include other alternatives considered):	Type of PE		
Mrs Henry Silverman Parent Signature of Approval	Placement Date	Career Ed		

Present Levels of Performance	Long Range Goals	Annual Instructional Objectives for Each Goal (Include evaluation criteria)	Evaluation Procedures	Review Date
Modified Monkrey, observation academic sorts objects by form, prints letters in name, copies vertical lines and circles; establishes book and story preference. Language: uses single words; responds to: up, down, by, on, over, under self-help Eats with fork/spoon; sorts like objects; single-folds laundry; mixes wet and dry ingredients with spoon; puts requested items in a place setting social Establishes rapport with unfamiliar adults; flexible in moving between settings in school; reports to adult when she hurts herself psychomotor Pincer grasp; holds objects with one hand, manipulates with other; beginning use of scissors; walks and runs; goes up and down stairs without alternating feet holding on to rail; does not jump; completes forward roll. prevocational/vocational Follows 1-step directions; unable to recognize mistakes; accepts tasks and works to completion	2. Sandy will print her first name and use it to identify her work. 1. Sandy will use short sentences. 3. Sandy will be able to perform kitchen chores	2. Sandy will print her first name in capital letters upon request of the teacher in 4 out of 5 trials. 1. Sandy will use short sentences containing noun phrases, verb phrases, noun phrases with articles, and possessive noun phrases in 3 out of 5 trials 3. Sandy will be able to dry, sort, and put away dishes without assistance on 3 consecutive days at home and at school.		

Persons Responsible for Implementing IEP	Special Inst'l Media/Materials Needed (suggestions to implementers)

COMPONENT D: PLACEMENT

Introduction

One of the guarantees of P.L. 94-142 is that handicapped children are, to the maximum extent appropriate, educated with children who are not handicapped. Removal of handicapped students from the regular educational environment can be justified only if the nature or severity of their handicaps is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily. This mandate, also referred to as "least restrictive environment" (see Hobbs, 1976), requires that the State Education Agency and Local Education Agencies make available a continuum of alternative placements, ranging all the way from regular class with supplementary services, to instruction in hospitals and institutions.

The placement recommendation is a critical decision point in the IEP process since the setting in which the plan is implemented will greatly influence the student's success. The placement recommendation must be accompanied by a statement of the extent to which the student will participate in regular education--which may be a great deal, or not at all. The justification, or rationale, for the placement must be included in the Total Service Plan.

Providing full services programs for handicapped students will not be an easy task for the public schools; it will require cooperative planning across districts and within regional service areas. It will require the collaboration of professionals from different disciplines--educators working cooperatively with medical personnel, social workers, physical and occupational therapists, and psychologists. Most of all, it will require a significant change in the public attitude toward handicapped individuals. Implementing the concept of "least restrictive environment" on a case-by-case basis, even where a full range of services exists, will also be complicated. Parent concerns, training levels of existing staff, and sheer time and place logistics are all potential problem areas. Regardless, alternative placements must be made available and the assessment team must consider all appropriate alternatives and document their placement considerations for each student. The assessment team must be: 1) knowledgeable about all existing placement alternatives in their region; 2) able to array these alternatives along a continuum from "most restrictive" to "least restrictive"; and 3) willing to act as facilitators of the student's transition from one placement to another. In ranking educational environments in terms of their "restrictiveness", variables such as architectural barriers, and distance from home or community are obviously involved.

"Restrictiveness", however, may also be evidenced in more abstract ways such as in the personnel competencies and human dynamics with the setting. While it is easy to categorize all state school and hospital placements per se as more restrictive than regular or special class placements, it is another matter to assess the restrictiveness of any particular placement. The primary consideration in any placement decision must be the student's needs. Once we can describe the type of educational environment which will be the most enabling for an individual child, then we are ready to identify possible placements, and to examine the pros and cons of specific educational settings in light of what we know about the child's present skills and learning needs. What is an optimal educational environment for one student may be failure-inducing for another, due not to the category of placement it represents, but to the interaction of the child and the physical and interpersonal milieu which it offers. Edgar (1976) lists six components in a definition of "least restrictive environment" which offer some guidelines:

1. Staff expectations that are least restraining of student performance,
2. Most appropriate and inclusive educational opportunities for the child,
3. Opportunities to engage in a high number of normal living experiences,
4. A physical setting that provides for optimal internal freedom,
5. A location in close proximity to nonhandicapped peers, and
6. Interactional opportunities with nonhandicapped (or less handicapped) peers (p.1).

Edgar points out that these six components may be used to: a) determine the most appropriate educational settings for individual students, and b) to systematically modify settings in a positive direction. Specific questions to raise when analyzing an instructional setting are offered by Nawaz and Tanveer (1977). It is important to keep in mind that the handicapped child's right to an education in the least restrictive environment must be afforded within a context which does not impinge upon the school's responsibility for the safety of all students, and for the provision of maximum educational benefits to all. Parents' rights to be informed of placement decisions, and of the reasons for such decisions, must be respected, and consideration of the parents' ability to relate to, work within, and complement the educationally preferred setting should be made.

Effective follow-through on placement decisions includes preparing the parent, the receiving teacher and other professionals, the student himself, and other students already in the setting.

REMEMBER To Consider....

- What are the staff expectations of students' performance? Are these expectations reasonable?
- Are the educational programs appropriate for the students? Could these programs be accomplished in a more integrated setting?
- Are the students given opportunities to function at a "just manageable level of difficulty" in typical living situations?
- Does the physical space in which the students spend most of their time allow for a wide range of movement and activity?
- How close is the physical location of the classroom to nonhandicapped peers?
- How often do the students interact with nonhandicapped peers? In what ways?

Programs and services for preschool handicapped children are beginning to be more numerous. The general purpose of infant and early childhood programs is to provide remedial interventions to handicapped and "at risk" children via training of the parent(s), or other primary care given in specific intervention skills (Haring, 1976). Service delivery models vary from program to program; Karnes (1977) describes four models which relate to our present concern with program placement: home-based programs; home followed by center-based programs; home and center programs combined; and programs implemented entirely at a center. All of these delivery models are represented in California. Descriptions of various programs can be found in Appendix IV D; for more details, consult Early Childhood Education for the Handicapped (Jordan et al. 1977). In addition, the CRRC Guide to Services lists and describes various public and private programs for handicapped infants and preschoolers.

Home-based models have been found to be especially effective, in that the parent teaches the child in his natural environment; the home teacher and parent both have direct access to the child's full range of behavior as it occurs naturally. Full family involvement is a more reasonable goal when instruction takes place in the home setting. Individualized instruction is facilitated since the home teacher works on a one-to-one basis with the parents and child. A parent-implemented intervention program can capitalize on an available source of human resources (parents) when other sources are very limited or unavailable. This highly personalized approach addresses parents' needs too. Infant teachers, by active listening and consultation, can help parents through the initial periods of shock, guilt, sorrow, and/or feelings of helplessness that typically come with the birth of a handicapped child into the family. Infant teachers can be the catalyst for the bonding between parent and child, so critical to maximum human development.

Some of the main advantages of a center-based program include availability of special equipment and materials and facilitation of peer relationships. Another advantage is that parents have the opportunity to talk to and work with other parents of handicapped children.

The home and center based model provides a chance to demonstrate the child's capacities in a center setting and then to transfer responsibilities as the parent begins to function as a teacher of his/her own child. Even if the parents do not seek out this type of involvement, some activities will require school-home carry-over for success (toileting, feeding, etc.).

In areas where effective home-based programs are operative, placement considerations for infants and young children are simplified; however, placement in school or center-based programs must be made in light of the "least restrictive environment" concept. Karnes' (1977) description of preschool programs whose major goal is to serve the handicapped child in, or in transition to, a mainstream program, and Wynne's (1975) review of the literature on mainstreaming at the preschool level are useful resources.

The concept of "reverse mainstreaming," or integrating nonhandicapped students into a setting designed for handicapped students, is used frequently at the preschool level, including the Seattle Model Preschool and the Model Infant-Family Project at California State University, Los Angeles. Parents of the nonhandicapped preschoolers report satisfaction with the individualized programs provided, which allow their children to make equal or greater progress than they had made in other settings as well as increasing their sensitivity and understanding for handicapped children.

The extent to which a program includes a component to train parents to play a major role in their child's instruction is a critical consideration in early childhood placement. Bronfenbrenner, in summarizing this review of research on effective preschool programs, states firmly:

> The involvement of the child's family as an active participant is critical to the success of any intervention program. Without such family involvement, any effect of intervention... appears to erode fairly rapidly once the program ends. In contrast, the involvement of the parents as partners in the enterprise provides an ongoing system which can reinforce the effects of the program while it is in operation, and help to sustain them after the program ends (1974, p. 55; emphasis added).

In addition to examining each placement alternative in terms of the opportunity for carry-over into the home environment, each setting must be evaluated in terms of its capacity to best meet the needs of a particular child. The team will need to consider: extent of individualization, adequacy of facilities, appropriateness of materials, staff skills and attitudes, and the structure for interaction with handicapped and non-handicapped peers.

Upon examining the alternative placements, the parent may still choose a private school setting. The school district assumes financial responsibility only when the assessment team decides that an appropriate public school program is not availabl
The case study for Matthew continues on the next page.

IEP - Total Service Plan

Matthew (DOB 11-22-71) Student's Name	Regular kindergarten, itinerant support Placement Recommendation	Special Education and Related Services	Start Date	Duration of Service
Good Start kindergarten School	90% % of Time in Regular Education			
3-15-77 Meeting Date	parent prefernce, current progress Justification for Type of Placement (include other alternatives considered): John Tracy clinic preschool class for the deaf			
Committee Members J. Jones (teacher), B. Booth (psych), B. Henderson (spec ed)		Type of PE		
Lilly Slick Parent Signature of Approval	3-15-77 Placement Date	Career Ed		

Present Levels of Performance	Long Range Goals	Annual Instructional Objectives for Each Goal (Include evaluation criteria)	Evaluation Procedures	Review Date
Portage Guide, interview w/parents, observation academic Cognition #29 - identifies color with object language #33 combines noun and verb in two word phrase self-help #72 dresses self completely; zips and buttons social #65 contributes to conversation attention wanders (observation) psychomotor #85 awkward at cutting, pasting, coloring, and printing prevocational/vocational	1. Increase expressive language 2. Increase attention to verbal instructions	1. Matthew will answer "What's ___ doing?" questions and will ask "what are you doing?" at least 5 times each day during language. 2. Matthew will return his attention to teacher after any interruption or distracting visual stimulus within 10 seconds.		

Persons Responsible for Implementing IEP	Special Inst'l Media/Materials Needed (suggestions to implementers)

The "least restrictive environment" mandate has far-reaching implications for the severely handicapped. Recognizing the handicapped as "people first" means that: programs and facilities should be physically and socially integrated into the community; the facility should not be so large that the surrounding neighborhood cannot readily integrate it into its services, resources and social life; opportunities must be available for maximum exposure to their fellow citizens in the community (not only to provide models for the handicapped, but also to help in changing public awareness and perceptions); and daily routines of the programs and services should be comparable to those provided for the nonhandicapped.

As noted earlier, any educational setting may be evaluated in terms of the six components of Edgar's (1976) definition of "least restrictive alternative." Edgar also alerts us to a problem with this approach in that:

> Some of the components may be in direct conflict with other components. For example, a child might be placed in a regular public school building (high score for proximity to nonhandicapped peers) but in a room that does not allow him to leave his wheelchair throughout the day (low score for internal freedom) (p. 1-2).

It is therefore important to assess each aspect of the definition before making a placement recommendation or decision. Dr. Edgar's discussion* of each component of "derestricting" (or to use Turnbull's** expression--"most enabling") environments follows:

Teacher Expectations

Without doubt the most critical component is that of teacher expectations. We have adequate evidence indicating that teacher expectations affect the quality of educational programming, opportunities to engage in realistic living activities, physical modifications to facilitate freedom of movement and interactional opportunities. Talking about changing teacher expectations is easier than actually changing expectations. Certainly training, opportunities to visit model programs, demonstrations, and straight-forward value confrontations are methods that have been used to alter teacher expectations. All of us have the responsibility to continually pay attention to the expectations of teachers and do our best to raise their understanding of what these students may be capable of performing. We probably know the least about how to alter expectations and attitudes but without positive teacher expectations, all other attempts to alter the educational opportunities for the severely/profoundly handicapped will be for naught.

Educational Programming

Educational programs for severely/profoundly handicapped students should be geared to skills that will allow the students to function in normal situations. The first evaluation question of any educational setting must be: are the students learning the most appropriate skills? This question implies an evaluation of the goals, objectives, and outcomes--the student performance capabilities. Given that the goals and

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**H. Rutherford Turnbull III, personal communication

objectives are appropriate, the question is: does the setting allow for the use of the most appropriate instructional procedures to insure student acquisition of skills? The question can only be answered by a careful evaluation of the student performance level and the effects the setting has on the procedures used to achieve these levels. As instructional technology for the severely/profoundly handicapped becomes more refined, the restrictions of the learning environment will be reduced.

Opportunities for Normal Living Activities

If the severely/profoundly handicapped are to attain the skills necessary for surviving in our society, they must be given opportunities to engage in realistic normal living activities. These students must be placed in situations that are of "just manageable difficulty." Thus, the students are given opportunities to practice their skills in a naturalistic way and under all the circumstances that we all experience. To teach a child to ride a bus, recognize danger signs, obey traffic lights or make a purchase WITHOUT giving the child the opportunity to perform these skills in the real world is to unduly restrict his learning environment. Many educators have found that when their students are provided with real world situations that not only do they perform adequately on the given task (riding the bus) but that other secondary behaviors (i.e., self-stimulation) also improve. The learning environment of the severe/profoundly handicapped must include real life experiences or, by definition, it is an overly restrictive environment.

Internal Freedom

The physical nature of the environment in which the child receives his instruction must also be considered as to restricting opportunities. The severely/profoundly handicapped require many modifications of their living environment if they are to be provided with maximum freedom of movement and opportunites to learn and perform. Obvious physical barriers such as the size and shape of toilets, sinks, and chairs need to be considered. Less obvious barriers such as texture of flooring, height of light switches and windows, and actual placement of the students within the classroom all affect the student's chances to experience learning opportunities. A good exercise is to place yourself in the typical position of the students and attempt to manipulate the environment. Doors that do not accommodate wheelchairs, sinks that are out of reach, toilets that are so high so as to keep the feet off the floor are all instances of physical barriers that restrict the learning opportunities of our students.

Interaction with Nonhandicapped Peers

One very real measure of the amount of restrictiveness of the environment is the amount of interaction with nonhandicapped peers. Pure physical proximity is not an appropriate measure. Far too often the handicapped are truly "invisible," placed physically close to the nonhandicapped but ignored. The quality of interactions is also important. Nonhandicapped doing things to the handicapped is less desirable than doing things with the handicapped. Or even better, the handicapped doing things with the nonhandicapped.

By systematically assessing the learning environments of the severely/profoundly handicapped almost every environment can be made less restrictive than it is at present. Major modifications, while highly desirable, are not likely. However, if small changes were made in each present setting the severely/profoundly handicapped would truly be in less restricting settings.

In summary, it is our view that a wide range of settings should be made available to the severely handicapped, spanning a continuum from normal community and educational settings to intermediate care facilities and institutions, and including such work placement options as work activity centers, sheltered workshops, and competitive employment shops. Individuals should be placed in a setting which allows them to maximize and extend their skill levels. Specific skill attainment should be the basis for entry into, and exit from, any particular setting; and the system must allow for easy transition from one type of setting to another. Meaningful interaction between severely handicapped individuals and their normal, or less handicapped, peers must be our goal. We can reach this goal through planned, precise, and gradual approximations if we act on our beliefs and convictions in ways that show care and concern for all children, parents, educators, and the community at large.

The following chart, Figure 13, (adapted from Certo et al.) represents an analysis of three different models of service delivery for the severely handicapped and offers a structure for program design. Information on preparing for the integration of severely handicapped learners into regular school settings can be obtained from Project MAZE (Madison Alternative for Zero Exclusion), a federally funded project in the Madison, Wisconsin Public Schools.

Following Figure 13, the case study for Martin is continued, indicating the placement recommendations and justifications.

Figure 1

Analysis of Service Delivery Models

Model	Description	Advantages	Disadvantages
Single Teacher Single Class	Class on a self-contained campus or on a regular campus. Teacher is responsible for the total educational program.	1. Few students per teacher per day. Teacher can more easily adapt to those acquisition rates and styles of a student. 2. Fewer instructional materials per class were needed. Teacher has time to adapt or develop materials appropriate to the abilities and needs of the students. 3. Fewer parents per teacher. Parents are an extension of the school day, but to be effective there has to be ongoing communication between parents and teacher. 4. Students had intimate knowledge of a small group of peers. 5. Student learns to work well with at least one adult. 6. Teacher could work in a variety of curriculum domains. Teacher could emphasize curricular areas based on the student's need and emphasize a learning skill. 7. Sole responsibility led to increased accountability across curricular domains (curriculum contiguity).	1. Interaction with adults was constricted. Students were inadvertently taught to perform in the presence of others. 2. Homogeneous grouping misrepresented the heterogeneity of the post-school world. May be teaching students to depend on consistency when they need to learn how to adapt to inconsistency. 3. Teachers' skills became circumscribed. "Self-contained schools and classes breed self-contained teachers." 4. Teachers' skills and interests were not equal across curriculum domains. 5. Inter-teacher interactions were minimized. Additional Disadvantages of a self-contained campus: 1. No involvement with nonhandicapped peers was possible. Students did not have the opportunity to witness and experience normal age-appropriate skills.

Figure 13 continued

Model	Description	Advantages	Disadvantages
		Additional Advantages of a self-contained campus: 1. Nonhandicapped peers and adults might be less accepting on a regular campus. 2. Administration was simplified. Auxiliary personnel (psychologist, speech therapist, etc.) could be centrally located. 3. Homogeneous groupings were feasible. 4. Inter-teacher communication was feasible.	2. Experiences in community settings were limited. Instruction conducted only in school was adequate, if the final goal was acceptable community performance.
Departmentalized (on a self-contained campus)	Responsibility for specific curriculum is given to different teachers.	1. Students learned to function with a variety of adults and a varietv of places. 2. Teachers focused expertise on specific curriculum domains. 3. Teachers could develop highly specialized materials. Focusing upon one curriculum area allows a teacher to spend the necessary time creating, refining, and empirically verifying crucially important instructional materials. 4. Teachers learn to apply skills across a variety of functioning levels.	1. Necessary communication between teachers was often questionable. Teachers do not have or take the time to discuss student progress in other curriculum domains. Instructional time was decreased and the amount of time for individual instruction was decreased. 2. Necessary communication between parents and teachers was often questionable. Parents needed to communicate with several teachers and teachers had a large number of parents to communicate with.

Figure 13 continued

Model	Description	Advantages	Disadvantages
			3. Student performance across persons and settings within curriculum areas was lacking. The same skills were always performed with the same teacher and in the same setting. Generalization was still a problem.
Self-Contained School Combined with Community Setting	Combines teaching in public school classrooms with teaching them in local community settings. (Program was developed for secondary students but has implications for younger learning).	1. Students are taught to perform skills within and between curricular domains, and across persons, places, materials, and language cues. Forces the student to learn appropriate reactions to continuous environmental changes. 2. The development of functional post-school skills is enhanced. Goal is to teach individual severely handicapped students post-school skills that reflect places and situations where the students are currently functioning and those places where the students may ultimately function. 3. The gap between school and community is reduced. 4. Exposure to non-handicapped peers and adults in the community is increased.	1. Minimum wage law presents problems. 2. Traditional public school models must be revised. Difficulties center around travel time; staggered time for use of community training sites; legal requirements for teacher supervision. 3. Small group instructional arrangements are more prevalent. 4. Teaching roles have to be expanded, particularly in the areas of teaching hours and location. 5. Model is more expensive in the short run.

Figure 13 continued

Model	Description	Advantages	Disadvantages
		5. Parents become more directly involved in school programs. First through the parents' interest and concern over moving into the community and then an interest in what their child is learning. 6. Students may adapt to negative affect, rejection, and ridicule. 7. Students are expected to perform as nonhandicapped citizens. 8. Community and professional expectancy stereotypes are attenuated. 9. Longitudinal program goals are made salient. 10. Students learn to perform without teachers as supervisors. 11. Student development is a function of teachers and non-teachers. 12. Staff and student morale improves.	6. Individualization requires increased staff. 7. Parent concerns and fears are made salient. 8. Competition for jobs emerges. 9. Time required per task is difficult to arrange. 10. Program continuity problems arise.

IEP - Total Service Plan

Martin (DOB 10-27-69) Student's Name	Development center Placement Recommendation	Special Education and Related Services	Start Date	Duration of Service
Bright Acres School	0% % of Time in Regular Education			
1-21-77 Meeting Date	Guardian preference; intense service required Justification for Type of Placement (include other alternatives considered): Home teacher private school			
Committee Members O. Count (psych), B. Pal (adm), E. Ready (teacher), N. Lawler (speech) O. Payne (nurse)		Type of PE		
Mary Keeper (guardian) Parent Signature of Approval	2-1-77 Placement Date	Career Ed		

Present Levels of Performance (Koontz, Cattell, Meeham, observation, interview)	Long Range Goals	Annual Instructional Objectives for Each Goal (Include evaluation criteria)	Evaluation Procedures	Review Date
academic Appears unable to do puzzles, stack blocks, or scribble spontaneously	3. Will complete simple tasks	3. Martin will take 5 donut rings off post and then return them to post without prompts in 3 minutes, 4 of 5 trials		
self-help Eats with spoon, drinks from cup. Does not dress self.	2. Will assist in dressing himself.	2. Martin will unbutton and rebutton pants without assistance, 4 out of 5 times when sent to the toilet		
social Laughs and smiles appropriately. Responds to his name and to "no-no." Screams when frustrated.	1. Increase number of simple directions followed and will decrease screaming behavior	4. Martin will balance on one foot for 2 seconds, 3 out of 3 trials.		
psychomotor Walks with agility, rides tricycle, throws ball. Does not balance on one foot	4. Will increase number of motor abilities	1. Martin will follow simple commands such as, "Look at me," "Line up," "sit down," without screaming, on 4 out of 5 requests during first module.		
prevocational/vocational Follows simple instructions selectively				

Persons Responsible for Implementing IEP	Special Inst'l Media/Materials Needed (suggestions to implementers)
E. Ready, C. Shirts, M. Keeper, O. Payne	None

REFERENCES

1. Bronfenbrenner, U. A report on longitudinal evaluations of preschool programs (Vol. 2): Is early intervention effective? Washington, DC: Dept. of Health, Education, and Welfare, 1974.

2. Brown, L. et al. Madison's alternative for zero exclusion: A book of readings (Vol. V.). Madison, WI: Badger School, 1976.

3. Certo, N. et al. A review of secondary level educational service delivery models for severely handicapped students in the Madison Public Schools. In E. Sontag, (Ed.) Educational programming for the severely and profoundly handicapped. Reston, Virginia: Council for Exceptional Children, 1977.

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5. Guide to assessment, prescriptive and related services in California. Los Angeles, CA: California Regional Resource Center, 1977.

6. Haring, N. G. Infant identification. In M. Thomas (Ed.) Hey, don't forget about me: Education's investment in the severely, profoundly, and multiply handicapped. Reston, Virginia: Council for Exceptional Children, 1977, pp. 16-35.

7. Hobbs, N., Issues in the classification of children. San Francisco: Jossey-Bass, 1975.

8. Karnes, M., & Zehrbach, R. Alternative models for delivering services to young handicapped children. In J. Jordan, et al., Early childhood education for exceptional children. Reston, Virginia: Council for Exceptional Children, 1977.

9. Jordan, J., Hayden, A., Karnes, M., and Wood, M. Early childhood education for exceptional children. Reston, Virginia: Council for Exceptional Children, 1977.

10. Nawaz, M. and Tanveer, S. A. Individualized instruction: The promise, requisites and alternatives. Educational Technology, 1977, 17 (2) 22-25.

11. Wynne, S. et al. Mainstreaming and early childhood education for handicapped Children: Review and implications of research. Washington, DC: Wynne Associates, 1975.

COMPONENT D TASKS (PLACEMENT ALTERNATIVES)

Possible answers for 1,2,3, and 4 are included on p. 141 and 142; Total Service Plans for Richard and Sandy follow the answer sheet, p. 143 and 144.

Progress Checks

1. What does "least restrictive environment" mean?

2. What are some factors to consider in deciding what placement is appropriate for an individual student?

3. List three alternative program models for very young children or severely handicapped students. Describe the advantages of each.

4. What are the advantages of involving parents as teachers?

Application Tasks

5. Looking at your Total Service Plan for Richard or Sandy. What placement recommendation would you make? How would you justify your recommendation? Compare your recommendations to those made by the assessment team. Are they similar? (See Answer Sheet).

6. What placement alternatives are available for your case study learner? How much time will your student be able to participate in the regular education program? Complete the "Placement" section of your student's IEP; also complete the start and duration of services sections, and list the persons responsible for implementing the IEP.

Learning Alternatives

7. List placement alternatives available in your community on the following sheet and consider the restrictiveness of each setting. Use the following matrix to analyze "restrictiveness".

Placement Alternatives	Opportunities to interact with normal or less handicapped peers			Distance from regular classes			Formal/Informal Label			Opportunity for movement/variety of activity			
	Many 3	Few 2	None 1	In close proximity 3	On same campus 2	Isolated on Separate Campus 1	No formal or informal label 3	Informal label 2	Formal label (TMR, autistic, etc.) 1	Wide range of movement 3	Some movement 2	Little or no movement, few changes in activity 1	Total

The "total" will give you a preliminary idea of how restrictive a setting is, using a possible total of 12 points as a goal. For each child, however, different factors may influence the view of "restrictiveness".

8. Based on Edgar's (1976) definition of "least restrictive alternative", critique your own program, or a program with which you are familiar. Consider the following:

   a) What does the staff expect of students in terms of performance?

   b) Does the educational program seem to meet the learning needs of individual students? Could some learners function more fully in a different setting?

   c) Are the learners given opportunities to function "at their ability levels" in typical living situations?

d) Does the physical environment allow the learners a wide range of movement and activity?

e) How close is the physical location of the classroom to nonhandicapped peers?

f) How often do the learners interact with nonhandicapped peers? In what ways?

9. Do some outside reading. Numbered items below are from References, p.128. Additional particularly helpful sources are also listed. For further research, see Appendix IV-D.

Early Childhood

(7)

(11)

Hayden, A., McGinnes, G. and Dmitriev, V. Early and continuous intervention strategies. In N. Haring and L. Brown (Eds.). Teaching the severely handicapped. Vol. I, New York: Grune and Stratton, Inc., 1977.

Lillie, D. Teaching parents to teach. New York: Walker and Co., 1976.

Portage Project, Portage project readings. Available free from David Shearer Portage Project, CESA 12, P. O. Box 564, Portage, WI 53901

Severely Handicapped

(3)

(4)

Larsen, L. Community services necessary to program effectively for the severely/profoundly handicapped. In E. Sontag (Ed.) Educational programming for the severely and profoundly handicapped. Reston, Virginia: The Council for Exceptional Children, 1977.

McGrew, J. Establishing a public school program for the severely handicapped: A case study. In E. Sontag (Ed.) Educational programming for the severely and profoundly handicapped. Reston, Virginia: The Council for Exceptional Children, 1977.

Ziegler, S. and Hambleton, D. Integration of young TMR children into a regular elementary school. Exceptional Children, 1976, 42 (9), 459-461.

10. Obtain the following media for preview and sharing.

Early Childhood

a. Children with Handicaps, Families who care: Support from Educators (Parts 2,3,4), Parents Magazine Films, Inc.

Educational Services (Part 2). Most handicapped children need to begin their remedial programs long before school age, whether in normal nursery programs, special settings, or at home. When a "pyramid of services" is available in a community, the handicapped child can enjoy as normal an educational program as possible.

Communicating with the School (Part 3). Most local school systems today are more accepting of handicapped children than they were a generation ago. Despite this change in attitude, however, parents still sometimes have difficulty communicating with professionals in the school system. There continue to be obstacles to good understanding and mutual support.

Teaching at Home (Part 4). Schools can educate handicapped children for only about six hours each day, but parents can provide continuous learning experiences for the child at home. All family members can play important roles in educating the handicapped child and in helping to reinforce formal schooling. Close cooperation between home

and school is particularly important in helping the handicapped child progress.

Early Childhood

b. Children are not problems... They are people. This film is about the experimental early childhood program at the University of Kansas where normal children are taught in the same classroom with mildly to severely handicapped children, and how their interdisciplinary approach works to meet the needs of each child. University of Kansas, Film Rental Service, Audiovisual Center, 746 Massachusetts St., Lawrence, Kansas 66044.

Severely Handicapped

c. Case Study in IEP/PL 94-142 slide/tape. These slides present an adolescent severely handicapped boy, and the efforts to provide an appropriate program for him. The impact of 94-142 is also discussed. Available from NASDSE,1201 16th St., N.W., Washington, D.C. 20036.

d. Including Me. . . Soon to be aired on national television, this film, narrated by Patricia Neal, deals with a variety of handicapped children: Danny, who is visually impaired; Suzanne, a 16 year old deaf girl; Jed, an educable mentally retarded high school student; Jimmy, a young adult with Cerebral Palsy; Gary, who is emotionally disturbed; Lisa, a severely mentally handicapped girl; and Dennis, a postpolio quadraplegic college student.

The film follows up on letters received by Closer Look, and discusses the features and implications of PL 94-142. The concepts and problems of mainstreaming and normalization are presented, and a strong appeal is made for the acceptance of the handicapped. 3M Company, 135 W. 50th, New York, New York 10020.

e. All My Buttons 1973, 28 minutes, 15mm, color. The concept of deinstitutionalization and normalization is described. The viewer is introduced to a young retarded man who has been taught to handle a job but not how to live; to a superintendent of a state institution who wants to eliminate the traditional training schools; and to teachers in schools purporting to use behavior modification. This film exposes the public's misconceptions and prejudices that hinder deinstitutionalization of the developmentally disabled. H & H Enterprises, Inc., 746 Massachusetts Street, Lawrence, KS 66044 (Rental); or H & H Enterprises, Inc., P.O. Box 3342, Lawrence, KS 66044 (Sale).

f. Normalization: The Right of Respect 1973, 20 minutes, 16mm color. The normalization concept is defined and illustrated. The film outlines major needs that must be met to guarantee a

normalized life for people with developmental disabilities. The normalization concept is presented as applicable to community residences and work training programs. Atlanta Association for Retarded Citizens, 315 West Ponce de Leon Avenue, Decatur, GA 30030.

g. Where the Children Are: A Slide Show on Institutions and Alternatives . Biklen, D. Slide/tape show: 1974, 129 slides, typewritten script and bibliography. Designed to be viewed in two sections, the first part of the presentation reveals the realities of day-to-day life on the institutional ward. The second section covers alternatives to institutionalization. Exemplary group homes and apartments, and community advocacy programs for the developmentally disabled are visually portrayed. Human Policy Press, University Station, Box 127, Syracuse, NY 13210.

h. Coming Home, Santa Monica, CA: Stanfield House, 1974. Charlotte leaves a state institution to live in a group home and to begin a program which recognizes her right to full citizenship and self-actualization.

ANSWER SHEET FOR TASKS

1. "Least restrictive environment" means making available a continuum of alternative placements, ranging from regular class with supplementary services, to instruction in hospitals and institutions. Placement decisions are made with the goal of facilitating movement from more restrictive environments to less restrictive.

2. -- staff expectations
   -- most appropriate educational opportunities for the child
   -- opportunities to engage in normal living experiences
   -- physical setting which provides for a wide range of movement and a variety of activities
   -- location in close proximity to non-handicapped peers
   -- opportunities to interact with non-handicapped or less handicapped peers

3. home-based -- access to child's natural full range of behavior; easier to get family involvement; one-to-one instruction

   center-based -- availability of special equipment and materials, opportunities for peer relationships, opportunities for parents to talk to and work with other parents

   regular school -- (day care nursery, special class with opportunities for interaction with non-handicapped peers) -- least restrictive, opportunities to engage in normal experiences with non-handicapped peers, physical setting which provides for a wide range of activities.

4. Parents are critical to the success of the intervention. Parent involvement reinforces the effects of the program while it is in operation and sustains the effects once the program ends.

IEP - Total Service Plan

Richard (DOB 3-13-73) Student's Name	continue at John Tracy Clinic Placement Recommendation	Special Education and Related Services	Start Date	Duration of Service
John Tracy Clinic School	0% % of Time in Regular Education			
3-23-77 Meeting Date	current progress; parent preference Justification for Type of Placement (include other alternatives considered) Home-based program Public school - preschool deaf class Residential school			
Committee Members S Smith (teacher), B. Bates (psych), L. Long (adm.), T. Tooker (speech)		Type of PE		
Shirley Smart Parent Signature of Approval	3-23-77 Placement Date	Career Ed		

Present Levels of Performance	Long Range Goals	Annual Instructional Objectives for Each Goal (Include evaluation criteria)	Evaluation Procedures	Review Date
Portage Guide, interview w/parent, observation				
academic language - #32 - names 5-7 objects cognition - #62 - identifies primary colors	2. Increase verbal communication skills	2. Richard will increase his receptive vocabulary to 15 items with 100% accuracy in 3 trials		
self-help #69 - bathes self with supervision				
social #21 follows simple directions; plays alone	1. Increase socialization and interaction with peers at home and school	1a. Richard will increase positive interaction with peers at home and at school in selected activities 80% of the time when asked.		
psychomotor #91 bounces large ball		1b. Richard will increase positive behaviors to get attention by completing at least one task each day at home and at school.		
prevocational/vocational				

Persons Responsible for Implementing IEP	Special Inst'l Media/Materials Needed (suggestions to implementers)
Smart, T. Tooker	

IEP - Total Service Plan

Sandy (DOB 7-1-69) Student's Name	special day class Placement Recommendation	Special Education and Related Services	Start Date	Duration of Service
Sunrise School	0% % of Time in Regular Education			
9-15-76 Meeting Date	Accessible to regular students, barrier-free environment, parent preference Justification for Type of Placement (include other alternatives considered):			
Committee Members Fuller (teacher), Price (psych), Madden (adm), Linga (speech), Wade (CCS), Ives (prog spec.)	private school itinerant home teacher development center	Type of PE		
Mrs Henry Silverman Parent Signature of Approval	9-15-76 Placement Date	Career Ed		

Present Levels of Performance	Long Range Goals	Annual Instructional Objectives for Each Goal (Include evaluation criteria)	Evaluation Procedures	Review Date
Mod. Ped Monkey, observation academic Sorts objects by form, prints letters in name, copies vertical lines and circles; establishes book and story preference. Language: uses single words; responds to: up, down, by, on, over, under self-help Eats with fork/spoon; sorts like objects, single-folds laundry; mixes wet and dry ingredients with spoon; puts requested items in a place setting social Establishes rapport with unfamiliar adults; flexible in moving between settings in school; reports to adult when she hurts herself psychomotor Pincer grasp; holds objects with one hand, manipulates with other; beginning use of scissors; walks and runs; goes up and down stairs without alternating feet holding on to rail; does not jump; completes forward roll. prevocational/vocational Follows 1-step directions; unable to recognize mistakes; accepts tasks and works to completion	2. Sandy will print her first name and use it to identify her work. 1. Sandy will use short sentences. 3. Sandy will be able to perform kitchen chores	2. Sandy will print her first name in capital letters upon request of the teacher in 4 out of 5 trials. 1. Sandy will use short sentences containing noun phrases, verb phrases, noun phrases with articles, and possessive noun phrases in 3 out of 5 trials 3. Sandy will be able to dry, sort, and put away dishes without assistance on 3 consecutive days at home and at school.		

Persons Responsible for Implementing IEP	Special Inst'l Media/Materials Needed (suggestions to implementers)
177	176

COMPONENT E: STATEMENT OF SPECIFIC EDUCATIONAL SERVICES TO BE PROVIDED; DATES AND LENGTH OF TIME; PERSONS RESPONSIBLE

The written IEP for each student must specify special education and related services needed to enable the student to accomplish the annual objectives. At the time of this writing, the Proposed Regulations for P.L. 94-142, which go beyond the law itself, require that the IEP include a description of:

1. "All special education and related services which are needed to meet the unique needs of the child, including the type of physical education program in which the child will participate, and

2. Any special instructional media and materials which are needed ". (Proposed Regulations for P.L. 94-142, §121a225)

In addition, California requires a recommendation on the IEP as to the career education program which will be provided (A.B. 1250, proposed).

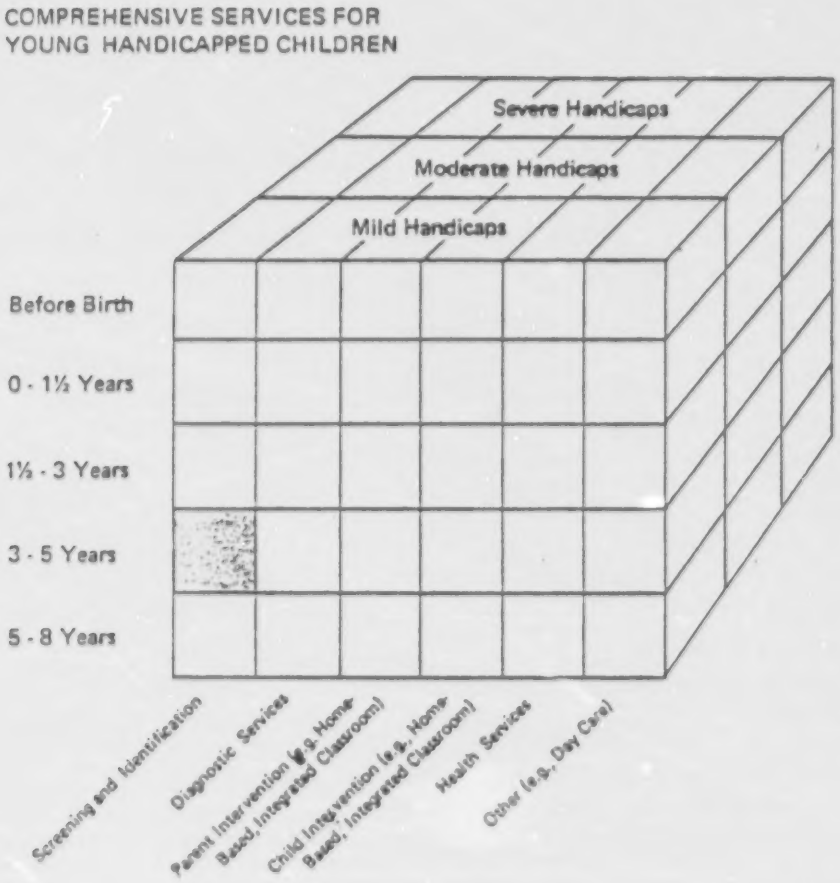
Special services needed by the student must be explored concurrently with placement considerations. Educational services necessary to meet the goals and objectives of the IEP may influence placement decisions.

Special Education and Related Services

The team must explore all services that may be necessary to provide the free and appropriate education to which the learner is entitled. Special education and related services refers to Designated Instruction Services (DIS) such as speech, physical and occupational therapy, audiology, as well as psychological services, recreation, transportation and medical services. The proposed C.A.C., Title 5 Regulations also include social work services, parent counseling and training, providing parents with information about development and assisting parents in understanding the special needs of their child. The same, or different, services may be required to implement the individual goals and objectives and these should all be indicated on the plan. In other words, services should be matched with the goals and objectives to which they are specifically related.

Because public schools have only recently, and in varying degrees, begun to serve preschool handicapped children, community and auxiliary services have often become identified as primary service providers to this population. As services to very young children increase, it is necessary to survey the community as well as all auxiliary services offered by the school. These services include screening and identification, diagnosis, parent-oriented services (counseling, community agency liaison), and child-oriented services (speech, language, physical therapies, counseling, health, medical, nutritional services) (Lillie, 1977). The following matrix (Lillie, 1977) illustrates dimensions of age, degree of handicap, and services offered and can be used to identify significant service gaps as well as services available for a particular child's IEP.

Figure 14



Lillie, D. Identifying and planning services for children. In N. Ellis, and L. Cross Planning Programs for Early Education of the Handicapped. New York: Walker & Co., 1977, p. 63.

The following community agencies and organizations frequently provide one or more of the services listed previously.

California Epilepsy Society
California Society for Autistic Children
United Cerebral Palsy Association
Crippled Children's Services
Easter Seals
Muscular Dystrophy Association
Office of Child Development
Regional Centers for the Developmentally Disabled
Southwest Regional Deaf-Blind Center
State Schools and Hospitals
California Association of Children's Residential Centers
Family Services Agency
Dept. of Social Services, Welfare, Child Welfare Services
Child Protective Services
Speech and Hearing Clinics

A general guide to community resources for the handicapped has been developed by the California Regional Resource Center, titled Guide to Assessment, Prescriptive and Related Services for the Handicapped in California, and is available from your ALRC Associate Center. Local community guides may be available through your school district or local service agencies; if not, you may want to initiate such an effort for your geographic area.

Transportation services may be a critical area to be addressed by the team in completing this section of the IEP. Severely handicapped learners may require special busing arrangements because of their extreme behavior problems or their limited mobility. Not only may they require special equipment, i.e., wheelchair-lifts, but they also may need specialized supervision. Ideally the less severely involved should be transported with their normal peers to provide an opportunity for peer interaction. However, students attending a special center may face long bus rides or even have to change buses. The ability to ride city buses may become a goal for older less involved learners. Public transportation may then become an alternative mode.

Physical Education Program

The proposed rules for P.L. 94-142 (§121a.203) require that physical education be made available to every handicapped child. This means providing the opportunity for the child to participate in the regular physical education program unless the child is enrolled full-time in a separate facility or there is a need for specially designed physical education, as prescribed in the IEP. The school is required to provide this service or make arrangements for it to be provided through other public or private programs. The team must specify the type of physical education program in which the learner will participate. "Physical education" includes specially designed physical therapy programs, and adapted physical education and motor development programs which lead to the development of physical and motor fitness, fundamental motor skills and patterns, body mechanics, and could include individual and group games and sports, intramural and lifetime sports, and dance and movement education. A good source for materials and program information in physical education is:

Physical Education and Recreation for the Handicapped:
Information and Research Utilization Center
American Alliance for Health, Physical Education,
and Recreation
1201-16th St., N. W.
Washington, D.C., 20036

Career Education

The team is also required to indicate in the IEP the career education program in which the learner may participate. The proposed state regulations define vocational education as "organized educational programs which are directly related to the preparation of individuals for paid or unpaid employment, or for additional preparation for a career requiring other than a baccalaureate or advanced degree ". Pre-vocational/vocational education should begin soon after the learner starts school. It may begin with developing the student's ability to stay on task, follow directions and correct errors. For the severely handicapped, goals must be set with eventual work placement possibilities in mind. Future possibilities include sheltered workshops, work activity centers and adult development programs.

Recommendations for a career education program must be appropriate to the age of the learner and the severity of his/her handicap.

Special Instructional Media/Materials

Learners who require special educational programs and related services often need special media and materials, including special furnishings and equipment, to implement their instructional program. These media and materials may differ across goals and instructional objectives. It is the team's responsibility to suggest necessary media and materials to those who will be implementing the plan. At this stage in the development of the IEP, the team is pooling ideas about special instructional media and materials that are needed. This is the time when a group of professionals can share information on materials that have been particularly effective, in the past and/or in other settings, with similar students or with the child they are discussing.(For example, if the child is non-verbal, the speech and language specialist may want to discuss the variety of alternatives for communicating--signing, typewriter, conversation board, radial pointer, portable auto-com.) Many severely and profoundly handicapped children have a variety of physical handicaps which inhibit proper body alignment, optimal visual range, and optimal movement. For the partially or nonambulatory learner, the team may discuss barrier-free architecture; such modifications as providing a hoist for lifting the learner for (a) movement during instruction, (b) movement to toilet, (c) pool and physical therapy, and additional equipment to facilitate learner movement, i.e., wheelchairs, walkers, canes, crutches, parallel bars may be called for. To insure that the learner maintains a normal perspective, has access to varied stimuli, is able to control involuntary movements, and to prevent atrophy, the team will want to discuss the use and possible adaptation of lap boards, wheelchairs, standing tables, reclining chairs, and other specialized equipment.

When deciding what equipment to specify, the team should consider such factors as 1) purpose of the equipment (to prevent or alleviate deformities or to enable more normal functioning), 2) size and age of the infant or child, 3) available space, and 4) available financial resources. The purpose of using equipment for positioning should always be to help the child demonstrate more adequate skills in all areas of development, not just facilitate motor control. For example, having equipment available which will allow movement to be restricted for a cerebral palsied child, (whose movements are uncontrolled and unstable) will therefore allow him to participate more fully in language or cognitive activities. Another example of the use of equipment in positioning is provided by Campbell, Green, and Carlson (1977). "A position of supported sitting may be chosen for a child who, developmentally, may never sit independently. The purpose of

this positioning is to enable the child to use his arms more appropriately, not to help him learn to sit independently." (p.301). Other planning considerations in the selection of equipment include:

1) each child whose motor needs require adapted equipment will need equipment for a variety of positions ;
2) few pieces of equipment will meet the needs of more than one child;
3) child growth and skill acquisition will require progressive equipment changes.

In summary, equipment is used as the means for the child to interact more normally with his environment, not as an end in itself. Directions for making some adapted equipment (prone standing and kneeling boards, sawhorse chairs, etc.) for preschool children are included in Early Childhood Education for Exceptional Children (1977) as well as Educational Programming for the Severely/Profoundly Handicapped (1977). Some samples of home-made equipment drawn from these sources are shown in Figure 15. The American Association for the Education of the Severely and Profoundly Handicapped (1600 W. Armory Way, Seattle, Wash.) has begun a nationwide network to identify materials and programs currently available for use in the education of the severely handicapped. The network is called H.E.L.P. (Helping Educators Locate Products).

Date and Length of Time

P.L. 94-142 requires that the IEP specify the date when special services will begin and the length of time the services will be given. This means that there must be a starting date listed for each special education and related service needed on the IEP, and an indication about the anticipated duration of each service. It would also be helpful if the team could designate how much time the learner will be receiving the service on either a daily, weekly, monthly, semester or yearly basis.

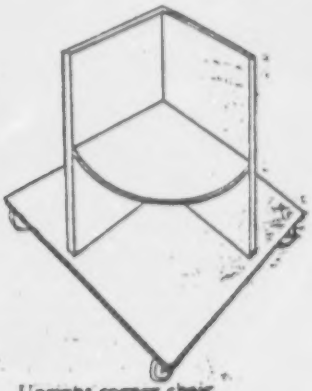
Persons Responsible

Once the placement recommendation has been made, and needed special services identified, responsibilities for implementing the IEP must be defined and specified on the Total Service Plan. For each annual objective, one person accepts responsibility for implementing or monitoring implementation. In most cases, the person responsible is the parent, teacher or support service person(s). Listing the name on the plan assures accountability and makes the review process quicker and simpler; each person can review his/her own area of responsibility and the team can respond.

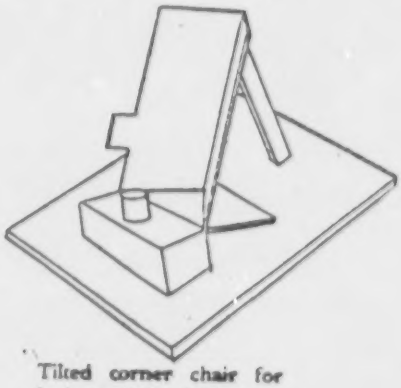
The case studies following will provide examples of special education and related services, special media and materials recommendations and dates.

Figure 15

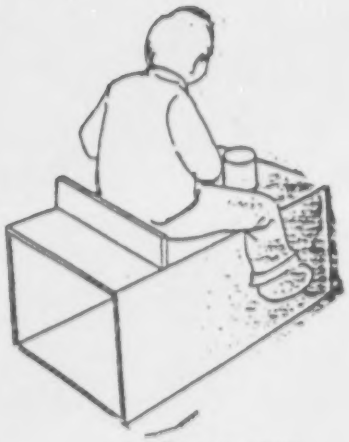
Corner chair with corner post to facilitate leg abduction.



Upright corner chair.

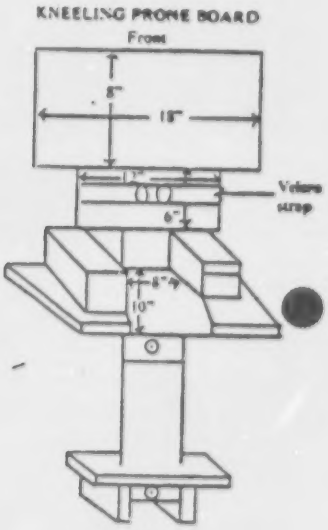


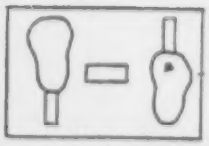
Tilted corner chair for hydrocephalic child.



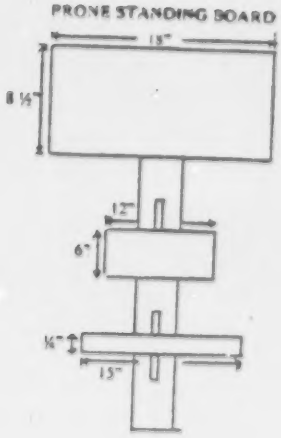
Sawhorse chair.

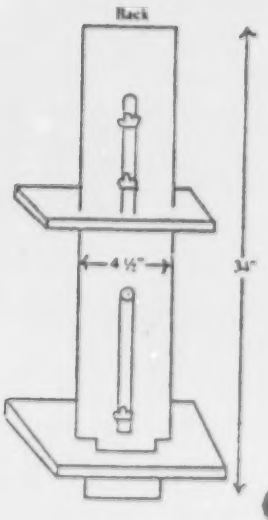
Pony chair.





Foot platform
Velcro around 1 inch shoe plate to keep foot in place





IEP - Total Service Plan

Matthew (DOB 11-22-71) Student's Name	Regular kindergarten, itinerant support Placement Recommendation	Special Education and Related Services	Start Date	Duration of Service
Good Start kindergarten School	90% % of Time in Regular Education	speech therapy itinerant teacher for the hearing impaired	3-15-77 "	9-1-77 "
3-15-77 Meeting Date	parent prekerence, current progress Justification for Type of Placement (include other alternatives considered): John Tracy clinic preschool class for the deaf			
Committee Members J. Jones (teacher), B. Booth (psych), B. Henderson (speech)		Type of PE		
Libby Slick Parent Signature of Approval	3-15-77 Placement Date	Career Ed		

Present Levels of Performance (Portage Guide, interview w/parents, observation)	Long Range Goals	Annual Instructional Objectives for Each Goal (Include evaluation criteria)	Evaluation Procedures	Review Date
academic Cognition #79 - identifies color with object language #30 combines noun and verb in two word phrase self-help #72 dresses self completely; zips and buttons; social #65 contributes to conversation attention wanders (observation) psychomotor #85 awkward at cutting, pasting, coloring, and printing prevocational/vocational	1. Increase expressive language 2. Increase attention to verbal instructions	1. Matthew will answer "What's doing?" questions and will ask "what are you doing?" at least 5 times each day during language. 2. Matthew will return his attention to teacher after any interruption or distracting visual stimulus within 10 seconds.		

Persons Responsible for Implementing IEP	Special Inst'l Media/Materials Needed (suggestions to implementers)
J. Jones, B. Henderson, B. Booth	

IEP - Total Service Plan

		Special Education and Related Services	Start Date	Duration of Service
Martin (DOB 10-27-69) Student's Name	Development center Placement Recommendation	Occupational Therapy once weekly	2-2-77	8-1-77
Bright Acres School	0% % of Time in Regular Education	Medication Mellaril 10mg a.m.	2-1-77	8-1-77
1-21-77 Meeting Date	Guardian preference; intense service required Justification for Type of Placement (include other alternatives considered)	Diet - No wheat or raisins	2-1-77	8-1-77
Committee Members O. Count (psych), B. Pal (adm), E. Ready (teacher), M. Lawler (speech), O. Payne (nurse)	Home teacher private school	Adaptive PE daily Type of PE	2-1-77	8-1-77
Mary Keeper (guardian) Parent Signature of Approval	2-1-77 Placement Date	Adaptive Daily Living Area - daily Career Ed	2-1-77	8-1-77

Present Levels of Performance (Koontz, Cattell, Meeham, observation, interview)	Long Range Goals	Annual Instructional Objectives for Each Goal (Include evaluation criteria)	Evaluation Procedures	Review Date
academic Appears unable to do puzzles, stack blocks, or scribble spontaneously	3. Will complete simple tasks	3. Martin will take 5 donut rings off post and then return them to post without prompts in 5 minutes, 4 of 5 trials		
self-help Eats with spoon, drinks from cup. Does not dress self.	2. Will assist in dressing himself.	2. Martin will unbutton and rebutton pants without assistance 4 out of 5 times when sent to the toilet		
social Laughs and smiles appropriately. Responds to his name and to "no-no." Screams when frustrated.	1. Increase number of simple directions followed and will decrease screaming behavior	4. Martin will balance on one foot for 2 seconds, 3 out of 3 trials.		
psychomotor Walks with agility, rides tricycle, throws ball. Does not balance on one foot	4. Will increase number of motor abilities	1. Martin will follow simple commands such as "Look at me," "Line up," "sit down," without screaming, on 4 out of 5 requests during first module.		
prevocational/vocational follows simple instructions selectively				

Persons Responsible for Implementing IEP	Special Inst'l Media/Materials Needed (suggestions to implementers)
E. Ready, C. Shirts, M. Keeper, O. Payne	None

Remember....

The Total Service Plan Includes:

- A list of special education and related services needed by the student, including a description of the type of physical education and career education program recommended by the team
- Recommendations for special instructional materials, media and equipment
- Starting dates when special services will be initiated and an indication of how long these services will be required
- Names of those persons responsible for implementing each annual objective

REFERENCES

1. Campbell, P., Green, K., and Carlson, L. Approximating the norm through environmental and child centered prosthetics and adaptive equipment. In E. Sontag (Ed.) Educational programming for the severely and profoundly handicapped. Reston, Virginia: Council for Exceptional Children, 1977.

2. Jordan, J., Hayden, A., Karnes, M., and Wood, M. Early childhood education for exceptional children. Reston, Virginia: Council for Exceptional Children, 1977.

3. Lillie, D. Identifying and planning services for children. In N. Ellis (Ed.) Planning programs for early education of the handicapped. New York: Walker & Co., 1977.

4. Sontag, E. Educational programming for the severely and profoundly handicapped. Reston, Virginia: Council for Exceptional Children, 1977.

COMPONENT E TASKS (SPECIAL EDUCATION SERVICES)

Possible answers for Tasks, 1,2,3,6,7,9 are on pp. 160-164; TSP's for Richard and Sandy (Task 8) are on p. 165 and p. 166.

Progress Checks

1. List some of the special services for the handicapped provided by your school district or available in your community.

2. What types of PE programs are available?

3. What kinds of career and vocational education are offered?

4. List services/programs you think are needed by students with exceptional needs, but which are not presently available.

5. Do you use the Media/Materials Center in your school or district as a resource? Why? Why not?

6. What is the location of the ALRC Associate Center which serves your school or district?

7. Do you receive the publications of the CRRC? If not, turn to page 161 to find out how you can.

Application Tasks

8. Look at your Total Service Plan for Richard or Sandy as it has been developed so far. What services would you recommend? What suggestions would you offer for needed instructional materials? Media? Equipment? Add these suggestions to the TSP, then turn to the Answer Sheet and compare your recommendations with those made by the assessment team for each of these learners.

9. Continue with the Total Service Plan for your student. Complete the following sections:
   a. Special Education and Related Service
   b. Start Date and Duration of Service
   c. Special Instructional Media/Materials
   d. Persons Responsible

   Review the checklist on the answer sheet to make sure you included all needed services and be sure the placement decision includes provision of these services.

Learning Alternatives

10. "Most professionals have recognized the fact that the severely and profoundly handicapped will require a wide range of special professional services, that are, while expensive, necessary if these individuals are to survive and be 'normalized' in society. What has not as readily been acknowledged is the need for insuring the handicapped and their families non-specialized typical services that are readily available to families with nonhandicapped children--generic services." (Kenowitz, L.A., et al. page 1.)

Survey parents and professionals in your community to determine the availability of needed services (i.e., dental; medical; child-care, etc.)

OR

11. Begin a card file for agencies in your community which offer auxiliary services to children. Include services offered, referral procedures, and contact people. You may have access to the CRRC Guide to Services as a resource. Contact your Associate Center or Special Education Director.

12. Do some outside reading. The numbered items below are listed in the References; p.154. Particularly helpful items are also listed. For further research, refer to the Appendix, IV-E.

Early Childhood

(2) Chapters 8 and 10

Early childhood programs for the severely handicapped. Lexington, Kentucky: CORRC, University of Kentucky, April, 1976.

Ellis, N. and Cross, L. (eds). Planning programs for early education of the handicapped. New York: Walker & Co., 1977.

Hobbs, N. The futures of children. San Francisco: Jossey-Bass, Inc., 1975, 190-202.

Severely Handicapped

Beck, R. The need for adjunctive services in the management of severely and profoundly handicapped individuals. Part I: A view from primary care. In N. Haring and L. Brown (Eds.). Teaching the severely handicapped, Vol. II, New York: Grune and Stratton, Inc., 1977.

Establishing services for the severely handicapped in public schools. Salt Lake City, Utah: Southwest Regional Resource Center, University of Utah, 1975.

Kenowitz, L.A., Gallagher,J., and Edgar, E. Generic services for the severely handicapped and their families: What's available? Seattle, Wash: Experimental Education Unit, Child Development and Mental Retardation Center, University of Washington, 1976.

MacWilliam, L.J. You can get there from here: Travel and community experience for multiply handicapped students. Teaching Exceptional Children, 1977, 9 (2), 49-51.

Wendt, E., Sprague, M. and Marquis, J. Communication without speech. Teaching Exceptional Children, 1975, 8 (1), 38-42.

ANSWER SHEET FOR TASKS

1. Some examples you might have included:

   speech/language therapy

   ot/pt

   mental health counseling

   medical diagnostic and evaluation

   social worker

   audiology

   vocational rehabilitation

   sheltered workshop

2. Some examples might include:

   PE adapted for physically handicapped

   therapeutic exercise for special health problems

   recreation programs

3. Some possible examples are:

   in-class activities

   sheltered workshop

   special school classes

   integrated into regular voc ed

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*denotes support persons

7. Write to: CRRC, 600 S. Commonwealth Ave., Suite 1304, Los Angeles, CA 90005

8. Check the following TSP

9. Starting Date and Duration

(✓)

( ) Were you able to indicate a starting date for each of the services?

( ) Did you add anything to duration such as frequency or length of services?

Special Instructional Media and Materials Needed

( ) Did you need to specify special equipment for mobility, communication, self-feeding, etc.?

( ) Are the materials you specified directly related to the learner's goals and objectives?

( ) Did you specify media and materials that are necessary for the ideal educational climate?

IEP - Total Service Plan

Richard (DOB 3-13-73) Student's Name	continue at John Tracy clinic Placement Recommendation	Special Education and Related Services	Start Date	Duration of Service
John Tracy Clinic School	0% % of Time in Regular Education	Speech therapy	3-23-77	9-1-77
3-23-77 Meeting Date	current progress; parent pref. Justification for Type of Placement (include other alternatives considered): Home-based program Public school - preschool deaf class Residential school			
Committee Members S. Smith (teacher), B. Bates (psych), L. Long (adm.), T. Tooker (speech)		Type of PE		
Sherlee Smart Parent Signature of Approval	3-23-77 Placement Date	Career Ed		

Present Levels of Performance (Portage Guide, interview w/parent, observation)	Long Range Goals	Annual Instructional Objectives for Each Goal (Include evaluation criteria)	Evaluation Procedures	Review Date
academic language - #32 - names 5-7 objects cognition - #62 - identifies primary colors	2. Increase verbal communication skills	2. Richard will increase his receptive vocabulary to 15 items with 100% accuracy in 3 trials		
self-help #69 - bathes self with supervision				
social #21 follows simple directions; plays alone	1. Increase socialization and interaction with peers at home and school	1a. Richard will increase positive interaction with peers at home and at school in selected activities 80% of the time when asked.		
psychomotor #91 bounces large ball		1b. Richard will increase positive behaviors to get attention by completing at least one task each day at home and at school.		
prevocational/vocational				

Persons Responsible for Implementing IEP	Special Inst'l Media/Materials Needed (suggestions to implementers)
Smart, T. Tooker	

IEP - Total Service Plan

Sandy (DOB 7-1-69)
Student's Name

Sunrise
School

9-15-76
Meeting Date

Committee Members Fuller (teacher), Price (psych), Madden (adm), Lima (speech), Wade (CCS), Ives (prog spec.)

Mrs Henry Silverman
Parent Signature of Approval

Special day class
Placement Recommendation

0%
% of Time in Regular Education

Accessible to regular students, barrier-free environment, parent preferred
Justification for Type of Placement (include other alternatives considered):

private school
itinerant home teacher
development center
9-15-76
Placement Date

Special Education and Related Services	Start Date	Duration of Service
Transportation	9-15-76	1 yr
Speech/language therapy	"	"
Physical therapy	"	"
Adaptive PE	"	"
prevocational skills in class (Career Ed)	"	"

Present Levels of Performance	Long Range Goals	Annual Instructional Objectives for Each Goal (Include evaluation criteria)	Evaluation Procedures	Review Date
Mod. Ped Monterey, observation academic Sorts objects by form, prints letters in name, copies vertical, lines and circles; establishes book and story preference. Language: uses single words; responds to: up, down, by, on, over, under self-help Eats with fork/spoon; sorts like objects; single-folds laundry; mixes wet and dry ingredients with spoon; puts requested items in a place setting social Establishes rapport with unfamiliar adults; flexible in moving between settings in school; reports to adult when she hurts herself psychomotor Pincer grasp; holds objects with one hand, manipulates with other; beginning use of scissors; walks and runs; goes up and down stairs without alternating feet holding on to rail; does not jump; completes forward roll. prevocational/vocational Follows 1-step directions; unable to recognize mistakes; accepts tasks and works to completion	2. Sandy will print her first name and use it to identify her work. 1. Sandy will use short sentences. 3. Sandy will be able to perform kitchen chores	2. Sandy will print her first name in capital letters upon request of the teacher in 4 out of 5 trials. 1. Sandy will use short sentences containing noun phrases, verb phrases, noun phrases with articles, and possessive noun phrases in 3 out of 5 trials 3. Sandy will be able to dry, sort, and put away dishes without assistance on 3 consecutive days at home and at school.		

Persons Responsible for Implementing IEP	Special Inst'l Media/Materials Needed (suggestions to implementers)
Fuller, Lima	

COMPONENT F: EVALUATION PROCEDURE
AND REVIEW DATE

The Annual Review

P.L. 94-142 requires that each IEP be reviewed at least annually to determine whether the annual instructional objectives are being met. The law specifies that appropriate objective criteria and evaluation procedures and schedules be included on every IEP. The proposed rules and regulations for P.L. 94-142 describe evaluation responsibilities as follows:

a) each local educational agency shall develop or revise, whichever is appropriate, an IEP for every handicapped child at the beginning of the school year, and review and if appropriate revise its provisions periodically but not less than annually.
b) each local educational agency is responsible for initiating and conducting meetings for developing, reviewing and revising a child's IEP. (§121a.222)

This is the reason for the "Review Date" column on the IEP form. The Annual Review is a meeting, which includes the child's teacher and parent(s). The key questions for this meeting are:

1) is the child progressing as specified in the annual objectives in the IEP?
2) is the child approaching a point where s/he can exit to another program?
3) if the IEP does not seem to be appropriate, what adjustments seem to be necessary?

   a) goal statements
   b) annual objectives
   c) timelines
   d) strategies
   e) materials
   f) methods
   g) implementors
   h) evaluation procedures

A review of the child's IEP and progress can be requested at any time by the child's parent, teacher or other school personnel but the required review points are:

1) at the end of a school year
2) when a student transfers into the district or county from another district
3) when there is a change in placement.

Parents must be informed at least annually, of their right to request a review whenever they feel that their child is not progressing. Parents must also be informed of and invited to attend any review meeting that is held regarding their child.

At the review session, if it is determined that an objective has been met, a new objective is specified, and a new set of instructional strategies and materials is selected for the new objective. If the annual objective was not met, it is reexamined for appropriateness. The child may not have had the pre-requisite skills; the learning steps may have been too large; the strategies may have been ineffective; or the teacher may not have used the plan and materials correctly. If there were gains made in areas not specified by objectives, these too are reviewed.

Evaluation Procedures

There must be a means or method for collecting data from implementors and for comparing the data to the annual objective criteria at least annually. Based on this comparison, the team may make recommendations for the adjustment of programs and/or placement, and progress reports may be made to both the parents and the child.

Evaluation procedures tell how progress data will be collected (eg. teacher observation, student work samples). The evaluation procedures to be used are specified on the IEP by the assessment team, but to a large degree, these procedures are determined by what was selected for the initial assessment. For a valid evaluation, pre and post procedures should be virtually identical. For example, if a standardized instrument is used in the assessment, that same instrument should be used to evaluate achievement. If a more informal approach such as observation and charting specific behavior is used in the assessment, the same observation and charting procedures should be used in the evaluation. The procedure used to evaluate progress must be appropriate to the criterion specified in the annual objective. In other words, if the criterion was "4 out of 5 times," the procedure would likely be teacher observation of student performance, not the use of a standardized test.

Many programs rely on the same developmental and behavioral checklists used for their original assessment to review children's progress. Whether standardized or informal, these checklists with both baseline and end-of-year data provide valuable information to help the team make decisions about continuing or modifying the child's program or placement, and demonstrate effectiveness of the child's overall program. A sample from the Portage Guide (Figure 16) illustrates initial assessment data (Entry Behavior) and the date the subsequent behaviors were mastered (Date Achieved), an effective way of documenting progress. Some programs use a combination of evaluation approaches, including a summary of continuous progress checks, checklists and/or standardized developmental profiles, and any other assessment techniques which were used initially. This approach yields a multi-dimensional view of program success for the child.

Figure 16 Portage Checklist

Sample of Checklist
Cooperative Educational Service Agency #12
(Portage, Wisconsin)

Name _____

socialization

Age-Level	Card	Behavior	Entry Behavior	Date Achieved	Comments
0-1	1	Watches person moving directly in line of vision	✓	/ /	
	2	Smiles in response to attention by adult	✓	/ /	
	3	Vocalizes in response to attention	✓	/ /	
	4	Looks at own hands, often smiles or vocalizes	✓	/ /	
	5	Responds to being in family circle by smiling, vocalizing, or ceasing to cry	✓	/ /	
	6	Smiles in response to facial expression of others	✓	/ /	
	7	Smiles and vocalizes to mirror image		1/15/77	
	8	Pats and pulls at adult facial features (hair, nose, glasses, etc.)		1/15/77	
	9	Reaches for offered object		/ /	
	10	Reaches for familiar persons		/ /	
	11	Reaches for, and pats at mirror image or another infant		/ /	
	12	Holds and examines offered object for at least a minute		/ /	
	13	Shakes or squeezes object placed in hand, making sounds unintentionally		/ /	
	14	Plays unattended for 10 minutes		/ /	
	15	Seeks eye contact often when attended for 2-3 minutes		/ /	
	16	Plays alone contentedly near adult activity 15-20 minutes		/ /	
	17	Vocalizes to gain attention		/ /	
	18	Imitates peek-a-boo		/ /	
	19	Claps hands, (pat-a-cake) in imitation of adult		/ /	
	20	Waves bye-bye in imitation of adult		/ /	
	21	Raises arms—"so big" in imitation of adult		/ /	
	22	Offers toy, object, bit of food to adult, but does not always release it		/ /	
	23	Hugs, pats, kisses familiar persons		/ /	
	24	Shows response to own name by looking or reaching to be picked up		/ /	
	25	Squeezes or shakes toy to produce sound in imitation		/ /	
	26	Manipulates toy or object		/ /	
	27	Extends toy or object to adult and releases		/ /	

PortageGuide

Project MEMPHIS assessment and curriculum were mentioned earlier. They use a separate procedure for evaluation and review. The Continuous Record for Educational-Developmental Gain (illustrated in Figure 17) examines percentage of skills mastered in each curriculum area (Completion Record) as well as recording information on each skill (Date, pass or fail, quality of performance).

Figure 17 Project MEMPHIS

Continuous Record
For
Educational - Developmental Gain

Name _____

Address _____

Birth Date _____ Phone _____

Chronological Age _____

Handicapping Conditions _____

Starting Date _____ Stopping Date _____

CODE FOR RECORD SHEETS:

Q = Quality of Skill

P = Pass (3 or 4 under Q)

F = Fail (1 or 2 under Q)

QUALITY CODING:

Q = 4 = **Extreme Competence** in performing the skill or behavior.

Q = 3 = **Adequate Competence** in performing the skill or behavior.

Q = 2 = **Some Competence**, but not adequate in performing the skill or behavior.

Q = 1 = **No Competence**, at all in performing the skill or behavior.

COMPLETION RECORD
Skills Assigned and Mastered

	NUMBER ASSIGNED	NUMBER MASTERED	PERCENT MASTERED
1. Personal-social	____	____	____
2. Gross Motor	____	____	____
3. Fine Motor	____	____	____
4. Language	____	____	____
5. Perceptuo-cognitive	____	____	____
6. Total	____	____	____

(Continued on next page)

. Figure 17 continued

Name _____ Starting _____ Stopping _____

Developmental Area _____

Skill One				Skill Two				Skill Three				Skill Four			
Date	P	F	Q	Date	P	F	Q	Date	P	F	Q	Date	P	F	Q

One of these sheets should be used for each of the five developmental areas in which skills have been assigned.

The Annual Review evaluation procedure helps to:

1) assure that goals and objectives are being met
2) hold implementors accountable
3) assure that program changes are based on accumulation of specific data.

The Total Service Plans for Matthew and Martin appear on the following pages with evaluation procedures and review dates specified.

IEP - Total Service Plan

Matthew (DOB 11-22-71) Student's Name	Regular kindergarten, itinerant support Placement Recommendation	Special Education and Related Services	Start Date	Duration of Service
Good Start kindergarten School	90% % of Time in Regular Education	speech therapy itinerant teacher for the hearing impaired	3-15-77 "	9-1-77 "
3-15-77 Meeting Date	parent preference, current progress Justification for Type of Placement (include other alternatives considered): John Tracy clinic preschool class for the deaf	Type of PE		
Committee Members J. Jones (teacher), B. Booth (psych), B. Henderson (speech)		Career Ed		
Sally Slick Parent Signature of Approval	3-15-77 Placement Date			

Present Levels of Performance	Long Range Goals	Annual Instructional Objectives for Each Goal (Include evaluation criteria)	Evaluation Procedures	Review Date
Portage Guide, interview w/parents, observation academic Cognition #29 - identifies color with object language #33 combines noun and verb in two word phrase	1. Increase expressive language	1. Matthew will answer "What's ___ doing?" questions and will ask "What are you doing?" at least 5 times each day during language.	Portage Guide observation interview	9-1-77
self-help #72 dresses self completely; zips and buttons				
social #65 contributes to conversation attention wanders (observation)	2. Increase attention to verbal instructions	2. Matthew will return his attention to teacher after any interruption or distracting visual stimulus within 10 seconds.	"	9-1-77
psychomotor #85 awkward at cutting, pasting, coloring, and printing				
prevocational/vocational				

Persons Responsible for Implementing IEP	Special Inst'l Media/Materials Needed (suggestions to implementers)
J. Jones, B. Henderson, B. Booth	

IEP - Total Service Plan

Martin (DOB 10-27-69) Student's Name	Development center Placement Recommendation	Special Education and Related Services	Start Date	Duration of Service
Bright Acres School	0% % of Time in Regular Education	Occupational Therapy once weekly	2-2-77	8-1-77
1-21-77 Meeting Date	Guardian preference; intense service required Justification for Type of Placement (include other alternatives considered): Home teacher private school	Medication Mellaril 10mg a.m.	2-1-77	8-1-77
		Diet - No wheat or raisins	2-1-77	8-1-77
Committee Members O. Count (psych), B. Pal (adm), E. Ready (teacher), N. Lawler (Speech), O. Payne (nurse)		Adaptive PE daily Type of PE	2-1-77	8-1-77
Mary Keeper (guardian) Parent Signature of Approval	2-1-77 Placement Date	Adaptive Daily Living Area - daily Career Ed	2-1-77	8-1-77

Present Levels of Performance (Koontz, Cattell, McCam, observation, interview)	Long Range Goals	Annual Instructional Objectives for Each Goal (Include evaluation criteria)	Evaluation Procedures	Review Date
academic Appears unable to do puzzles, stack blocks, or scribble spontaneously	3. Will complete simple tasks	3. Martin will take 5 donut rings off post and then return them to post without prompts in 3 minutes, 4 of 5 trials	Koontz Cattell observation	8-1-77
self-help Eats with spoon, drinks from cup. Does not dress self.	2. Will assist in dressing himself.	2. Martin will unbutton and rebutton pants without assistance 4 out of 5 times when sent to the toilet	"	"
social Laughs and smiles appropriately. Responds to his name and to "no-no." Screams when frustrated.	1. Increase number of simple directions followed and will decrease screaming behavior	4. Martin will balance on one foot for 2 seconds, 3 out of 3 trials.	"	"
psychomotor Walks with agility, rides tricycle, throws ball. Does not balance on one foot	4. Will increase number of motor abilities	1. Martin will follow simple commands such as "Look at me," "Line up," "sit down," without screaming, on 4 out of 5 requests during first module.	"	"
prevocational/vocational follows simple instructions selectively				

Persons Responsible for Implementing IEP	Special Inst'l Media/Materials Needed (suggestions to implementers)
E. Ready, C. Shirts, M. Keeper, O. Payne	None

REMEMBER....

- It is required that each IEP be reviewed and/or revised annually.
- The date for the annual review must be included on the IEP.
- Evaluation procedures for collecting progress data must be specified.

REFERENCES

1. Functions of the placement committee in special education: A resource manual. Washington, DC: NASDSE, 1976.

2. Quick, A., Little, T., and Campbell, A. Project MEMPHIS. Belmont, CA: Lear Siegler, 1974.

3. Shearer, D. et al. Portage guide to early education. Portage, WI: Portage Project, 1976.

COMPONENT F TASKS (EVALUATION AND ANNUAL REVIEW)

Answers to Tasks 1, 2, 3, and 4 are listed on p. 180; Total Service Plans for Richard and Sandy are included on p. 181 and 182 , following the answer sheet.

1. What is the best way to insure that annual review results in a valid measure of instructional progress?

2. What are the key questions to ask at the annual review?

3. At the review session, if an objective is met, what does the team do?

4. If the objective is not met, what could be some of the reasons?

Application Tasks

5. Specify the evaluation procedures and review date on your TSP for Richard or Sandy. Be sure that evaluation procedures parallel those used in the assessment phase. Compare your evaluation procedures with those used by the assessment teams for these learners (See Answer Sheet). Are they similar?

6. Complete the Total Service Plan for your own student by writing in the evaluation procedures and the review date. Have you considered different evaluation procedures for each long range goal and/or annual instructional objective?

Learning Alternatives

7. Do some outside reading. Numbered items below are listed in the References, 176. Additional particularly helpful sources are listed below. For further research, refer to the Appendix IV-F.

Early Childhood

(2)

(3)

Ellis, N. and Cross, L. Planning programs for early education of the handicapped. New York: Walker & Co., 1977.

Severely Handicapped

Haring, N. G. Welcome to the second annual AAESPH conference, Kansas City, Missouri: November 12-14, 1975. In N. Haring and L. Brown (Eds.) Teaching the severely handicapped. Vol. II. New York: Grune and Stratton, Inc., 1976.

Harrison, S. B. and Johnson, M. Utilization and application of appraisal. In Establishing services for the severely handicapped in public schools. Salt Lake City, Utah: Southwest Regional Resource Center, University of Utah, 1975.

ANSWER SHEET FOR TASKS

1. The best way to insure a valid annual review is to use the original assessment techniques to gather the evaluation data.

2. Key questions for the annual review:
   -- Is the child progressing as specified in the annual objectives of the IEP?
   -- Is the child approaching a point where s/he can exit to another program?
   -- If the IEP does not seem appropriate, what adjustments seem necessary?

3. A new objective is set, and the teacher selects a new set of instructional strategies and materials for the new objective.

4. Some reasons an objective was not met:
   -- child did not have pre-requisite skills
   -- learning steps were too large
   -- ineffective strategies were used
   -- plan and materials were used incorrectly

IEP - Total Service Plan

Richard (DOB 3-13-73) Student's Name John Tracy Clinic School 3-23-77 Meeting Date Committee Members S Smith (teacher), B Bates (psych), L Long (adm.), T Tooker (speech) Parent Signature of Approval	continue at John Tracy Clinic Placement Recommendation 0% % of Time in Regular Education current progress; parent preference Justification for Type of Placement (include other alternatives considered): Home-based program Public school - preschool deaf class Residential school 3-23-77 Placement Date	Special Education and Related Services Speech therapy Type of PE Career Ed	Start Date 3-23-77	Duration of Service 9-1-77

Present Levels of Performance (Portage Guide, interview w/parent, observation)	Long Range Goals	Annual Instructional Objectives for Each Goal (Include evaluation criteria)	Evaluation Procedures	Review Date
academic language - #32 - names 5-7 objects cognition - #62 - identifies primary colors	2. Increase verbal communication skills	2. Richard will increase his receptive vocabulary to 15 items with 100% accuracy in 3 trials	Portage Checklist; teacher-made list	9-1-77
self-help #69 - bathes self with supervision				
social #21 follows simple directions; plays alone	1. Increase socialization and interaction with peers at home and school	1a. Richard will increase positive interaction with peers at home and at school in selected activities 80% of the time when asked.	Portage checklist; charting voluntary participation	9-1-77
psychomotor #91 bounces large ball		1b. Richard will increase positive behaviors to get attention by completing at least one task each day at home and at school.	Portage checklist; charting # of days assigned tasks are completed	9-1-77
prevocational/vocational				

Persons Responsible for Implementing IEP	Special Inst'l Media/Materials Needed (suggestions to implementers)
T. Tooker, Smart	

IEP - Total Service Plan

Sandy (DOB 7-1-69) Student's Name	Special day class Placement Recommendation	Special Education and Related Services	Start Date	Duration of Service
Sunrise School	0% % of Time in Regular Education	Transportation Speech/language therapy Physical therapy	9-15-76 " "	1 yr " "
9-15-76 Meeting Date	Accessible to regular students, barrier-free environment, parent preference Justification for Type of Placement (include other alternatives considered):			
Committee Members Fuller (teacher), Price (psych), Madden (adm), Lima (speech), Wade (ccs), Ives (prog spec.)	private school itinerant home teacher development center	Adaptive PE Type of PE	"	"
Mrs Henry Silverman Parent Signature of Approval	9-15-76 Placement Date	prevocational skills in class Career Ed	"	"

Present Levels of Performance	Long Range Goals	Annual Instructional Objectives for Each Goal (Include evaluation criteria)	Evaluation Procedures	Review Date
Mod. Red Monkey, observation academic Sorts objects by form, prints letters in name; copies vertical lines and circles; establishes book and story preference. Language: uses single words; responds to: up, down, by, at, over, under self-help Eats with fork/spoon; sorts like objects; single-folds laundry; mixes wet and dry ingredients with spoon; puts requested items in a place setting social Establishes rapport with unfamiliar adults; flexible in moving between settings in school; reports to adult when she hurts herself psychomotor Pincer grasp; holds objects with one hand, manipulates with other; beginning use of scissors; walks and runs; goes up and down stairs without alternating feet holding on to rail; does not jump; completes forward roll. prevocational/vocational follows 1-step directions; unable to recognize mistakes; accepts tasks and works to completion	2. Sandy will print her first name and use it to identify her work. 1. Sandy will use short sentences. 3. Sandy will be able to perform kitchen chores	2. Sandy will print her first name in capital letters upon request of the teacher in 4 out of 5 trials. 1. Sandy will use short sentences containing noun phrases, verb phrases, noun phrases with articles, and possessive noun phrases in 3 out of 5 trials 3. Sandy will be able to dry, sort, and put away dishes without assistance on 3 consecutive days at home and at school.	modified monkey. observation " "	5-20-77 " "

Persons Responsible for Implementing IEP	Special Inst'l Media/Materials Needed (suggestions to implementers)
Fuller, Lima	

SECTION FOUR: THE INDIVIDUAL IMPLEMENTATION PLAN

The focus of this section is on the development of the Individual Implementation Plan. The Individual Implementation Plan is that part of the IEP which is developed by those persons (classroom teacher(s), program specialist, resource specialist; psychologist; designated instruction and services personnel) who are responsible for carrying out the Total Service Plan with the student. An Individual Implementation Plan:

1. Describes what will happen in the classroom on a daily basis;
2. Details specific instructional "events" which will occur during the teaching process; and
3. Is developed for each annual goal specified in the Total Service Plan.

Gentry and Haring (1976) remind us that severely handicapped students require "much more precise arrangements of their learning environments to make observable and substantive progress toward more independent levels of functioning " (p. 209). This requirement also applies to very young handicapped learners. Precise and systematic arrangement of the learning environment includes the following steps:

1. Careful assessment of the individual in each area of development;
2. Clear formulation of learning objectives;
3. Orderly sequencing of each step in the curriculum through which the student is to progress;
4. Exact specification and implementation of instructional events;
5. Precise determination and use of feedback, correction and reinforcement techniques; and
6. Appropriate use of formative and summative classroom evaluation procedures.

Steps 1 and 2 above are covered in the TSP; steps 3-6 in the Individual Implementation Plan. With these six steps clearly in mind, the implementors now take the goals and objectives detailed in the Total Service Plan and refine them into daily lesson plans. These "lesson plans" are developed by: a) assessing the student's functioning levels even more precisely than in the assessment phase, particularly as they relate to skill sequences and curricula; b) selecting, developing and ordering learning tasks, c) identifying appropriate instructional materials/media/resources, and d) deciding on systematic methods for evaluating instructional success (continuous progress checks). Individual Implementation Plans typically have four components. These components are:

1. Short-term objectives
2. Instructional strategies
3. Materials and resources
4. Measures of student progress

This section is organized into parts which correspond to each of the four components listed above.

Figures 18 and 19, following, illustrate how the completed Individual Implementation Plans look for Matthew and Martin. We present only the first page here. Refer to Appendix I for the entire IEP for each of these students as well as additional examples. The areas of early childhood and severely handicapped will be discussed concurrently in this chapter, since strategies, techniques and materials are applied to individual students according to need and appropriateness, and not necessarily by age or handicapping condition.

Figure 18

Implementation Plan For Matthew

Student's Name

Short-Term Objectives (Sequence of Learning Steps For Annual Objective # 2)	Person Responsible	Instructional Strategies/ Techniques	Materials/Resources	Start Date	Measure of Student Progress	Date
2 When prompted by a "buddy" Matt will return his attention to the teacher a- Matt will come to the center of the group on the rug for instruction time. b- Matt will select a friend who can tap him lightly when he needs to pay close attention to teacher c- Teacher, friend, and Matt will rehearse Matt's looking away, friend's noticing, and gentle taps d- Matt will return attention to teacher within 10 seconds of prompt by buddy	J. Jones buddy	Teacher will save a spot for Matt and tell him that this is his special seat and that he will show the class how to be a good listener. Teacher will help Matt choose a friend. Teacher will demonstrate gentle tap and watching Matt to be sure he pays attention Teacher will explain that if friend does a good job and if Matt listens well, they will both get to do a project for the class (making a kite, brownies, etc)	carpet square chart stars red card reward activities	3-15 4-1	daily charting Matt comes to special seat consistently (5 of 5 days) implementation of buddy system Matt uses buddy to stay on task 80% of day or more	3-30 4-25
2.2 When Matt doesn't understand or has missed the directions, he will raise his hand and ask the teacher to repeat a- After task has begun, Matt will go quietly to teacher and ask for directions b- Matt will put red card on corner of desk when he's missed instructions c- Matt will raise hand after task has begun and teacher will come to his desk. He will ask for directions. d- Matt will raise his hand as soon as he realizes he's missed instructions or when he doesn't understand-		Teacher will review instructions and will tell Matt he's a good boy for asking for help Teacher will explain that the red card will be a special signal, and she will come to his desk as soon as she can to give help. Verbal praise for: 1) using signal 2) asking for help Teacher will explain that raising his hand is the same as red card. Reward as above. Teacher will explain that she will review instructions as soon as she sees his hand. (When he raises hand within 10 seconds of being distracted or not understanding, teacher will put a star on chart and provide verbal praise.			

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Implementation Plan For Martin

Student's Name

Short-Term Objectives (Sequence of Learning Steps For Annual Objective # 1)	Person Responsible	Instructional Strategies/ Techniques	Materials/Resources	Start Date	Measure of Student Progress	Date
a) Will look at teacher's face and hands when teacher says and signs "look at me" four out of five times without screaming while working one-to-one with teacher.	E. Ready	Hugs and smiles when M. responds appropriately.		2-1-77	0 out of 5 3 " " 5 4 " " 5	 2-11-77 2-18-77
b) Same as above while working in a small group	E. Ready	"		2-21-77	2 out of 5 3 " " 5	2-21-77 2-25-77
c) Same as above when large group is at community sing		"				
d) Will sit in chair when teacher signs and says "Sit down," 4 out of 5 times without screaming while working one-to-one with teacher		same as above - also begin a record when he sits down	Record			
e) Same as above while working in small group		"	Record			
f) same as above when with a large group		praise and "				
g) Will line up when teacher signs and says "Line up" 4 out of 5 times, when working with a small group	E. Ready	Praise and smiles				

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COMPONENT G: SHORT-TERM OBJECTIVES AND LEARNING STEPS

What are they?

The first task in developing the Individual Implementation Plan is to determine the child's exact skill level and from there develop the intermediate steps that will take the student from where s/he is now to mastery of the annual objectives set by the team. These "intermediate" steps are called short-term objectives. Short-term objectives are the "plan of action" or sequence of approximations toward the annual objective. Short-term objectives are developed for each annual objective on the Total Service Plan and include all the traditional components of an objective:

1. Name of student;

2. Behavior: specific observable behaviors such as "says letter names ","writes numbers ","drinks from a cup ";

3. Conditions under which the student will behave. For example, "given a list of words ","during a ten-minute period on the playground ",

4. Criteria or standard for determining mastery; the level at which the student must perform in order to proceed to the next objective. This criteria may be written in terms of percent, number correct, rate, etc.

Here are some examples of short-term objectives related to a particular Goal and Annual Objective.

Goal: Increase self-help skills

Annual Objective: By June 1977, student will wash hands independently, given the direction to "wash hands ".

Short-term Objective: Given the direction to "wash hands" the student will wash hands within four minutes and require only verbal prompts.

Goal: Develop communication skills

Annual Objective: By June 1977, upon hearing verbal sounds made by teacher, student will imitate the same sounds.

Short-term Objective: During lunch, when teacher says "Say (food name)" the student will respond with a vocalization 80% of the time for five consecutive days.

(Adapted from Ryan, 1976)

Learning Steps - What are they?

The intermediate steps (short term objectives) are then broken down into learning tasks--small sequential steps--to allow the child to succeed at each step. Once the child has mastered these sequenced steps, s/he will have achieved the objective. This process, sometimes called task analysis, helps the teacher know exactly where s/he is going and how to get there.

The following example of a sequenced series of learning steps is related to a short-term objective calling for a student to"put on pants, underpants ".

1. Child completes putting on pants when pants are pulled to thighs.
2. Child completed putting on pants when pants are pulled to knees.
3. Child completes putting on pants with both feet in and pants at ankles.
4. Child completes putting on pants when one foot is in and the other started in.
5. Child completes putting on pants when one foot is started in.
6. Child completes putting on pants when pants are placed in front of him.
7. Child unfolds pants and puts them on independently (Baldwin, 1977, pg. 69).

Bigge (1977) gives the following example of a task analysis to illustrate how to study and record information about where the student is successful and where a sequence breaks down.

Given the task of: opening the classroom door and walking through it while using crutches, the student performed these parts of the task:

1. walked to the door
2. stood in position to open door
3. released hand from crutch to reach for knob
4. reached door knob
5. grasped knob
6. turned knob
7. pulled door open
8. released door knob but did not perform these parts of the task:
   1. grasp the released crutch before the door closed
   2. walk through the door (Bigge, 1970, p. 20).

For some students, it is suitable to teach the unperformed task as it is. In the preceding example the student was taught to grasp her released crutch before the door closed and move through the door. For other students, an alternate or adapted method will be devised. Some persons may never learn to complete all the components of a particular task. For these students, new goals and objectives may need to be established.

The short-term objectives and learning tasks are listed in sequence, starting with the current performance of the student and ending at a level which is equivalent to the level designated in the evaluation criteria for the annual objective. Short-term objectives are typically written for periods of instruction ranging from one week to three months.

Some Considerations

In the process of transforming the Total Service Plan into specifics for daily implementation, it may be necessary for classroom teachers to do some additional assessment in order to more finely pinpoint the student's exact skill levels. Bigge (1977) lists some questions that implementors might consider in order to elicit precise information to aid in developing short-term objectives and tasks.

Communication Questions:

1. In what ways, and with what clarity, can this child communicate:

    a. Intelligible speech?
    b. Gesture language?
    c. Consistent body movement or signals for yes and no?
    d. Pointing at symbols on a communication board?
    e. Handwriting?
    f. Using electronic communication device?

2. Must this pupil be allowed extended time to respond?

Written Expression Questions:

1. How are the pupil's understanding and skill levels assessed?
2. Can the child write or type?
3. If the child cannot write, type, or talk, in what other ways can he respond?
4. How can the pupil mark answers and record ideas?

Learning Questions:

1. What adaptations are necessary to help the pupil manage classroom equipment and materials, e.g., pencils, paper, books, and other materials?
2. What, if any, behavior management techniques are used?
3. How (through what mode) does this student best learn each different kind of task? (auditory, visual, etc.?)
4. What special procedures or materials help the child learn?
5. What are top priority objectives for learning?

Mobility Questions:

1. What limitations, if any, are there on mobility?
2. How does the child move from place to place? (crawl, roll, trike, wheelchair, etc?)
3. When, and how, should the pupil be physically assisted? (lifting, transfers, pushing, in and out of walker, tied in wheelchair, etc.?)

Self-help Questions:

1. What physical self-help activities can the pupil do for himself?
2. If he cannot complete some independently, what assistance does he require?

Questions about accommodation for physical differences:

1. Are there any restrictions on physical activities?
2. How can games and activities be adapted so the disabled pupil can participate?
3. What physical positions and postures are to be encouraged? discouraged?
4. What special emergency procedures should be anticipated?

It is also important to consider carefully whether the objectives and tasks we are designing will provide the student with the skill and information he needs to solve practical problems in natural settings. To require the student to perform artificial tasks such as paper/pencil worksheets does not insure that he will be able to function in a community, home, or vocational setting. Functional tasks require "getting ", "showing ","assembling ",whereas artifical tasks often call for "marking ","verbally labeling ","touching ", "Naturalized" tasks for the severely handicapped are designed to teach the skills to enable the student to function as independently as possible in a heterogeneous environment (Brown, et al.,p. 14).

In early childhood programs, play is viewed as a major avenue for early learning of all kinds. The play environment is a major teaching field for young children. Initial objectives for young handicapped children may center around teaching the child to play--teaching him how to focus on an activity or toy, both physically and visually (Allen, p. 56).

Curriculum Concerns

There are many curricula and skill sequences available commercially for both the preschool handicapped and the severely handicapped. A few are listed in Appendix IV-G, and others are available through local materials centers and Resource Centers. Most skill sequences are hierarchies of directly observable behaviors, progressing from zero skills, zero ability, to higher levels--often to the level of adult functioning. Skill sequences delineate key skills and sub-tasks to be learned and the order in which they may be taught. It is possible to utilize these sequences for developing short-term objectives and tasks related to annual objectives on the Total Service Plan. However, we must approach them with caution. Existing skill sequences only provide a basic framework and should not be used in a "lockstep" fashion for every student. There is no all-encompassing curriculum. Any skill sequence must be reordered, added to, or deleted from, to make it appropriate for an individual child and his ability and learning rate. Skill sequences then, are never finished products and are continually being revised and refined.

As we've mentioned before, the IEP implementors have the responsibility for developing the detailed lesson plans (Individual Implementation Plans). These persons have the responsibility for aligning classroom objectives and activities with the goals and objectives on the Total Service Plan. The Individual Implementation Plan must be an outgrowth of the Total Service Plan - the two plans together are the student's IEP.

Because there may be more than one implementation plan and/or more than one person working with the child, it is important to include the name or initials of the person responsible for seeing that each short term objective is carried out. For example, if the parents have accepted an educational responsibility, their initials would go next to the short-term objective they are working on. This assures that responsibilities are assigned and understood and helps in the review process because each person listed knows what s/he will be reporting on.

Objectives and tasks developed for an individual student must be judged as they relate to his ultimate ability to function as an adult in an integrated community environment. Teachers must continually ask the following questions:

1. Why should this student engage in this activity?
2. Is this activity necessary to prepare this student to ultimately function in complex heterogeneous community settings?
3. Could this student function as an adult if s/he did not acquire the skill?

4. Is there a different activity that will allow this student to approximate realization of the criterion of ultimate functioning more quickly and more efficiently?
5. Will this activity impede, restrict, or reduce the probability this student will ultimately function in community settings?
6. Are the skills, materials, tasks, and criteria of concern similar to those encountered in adult life? (adapted from Brown, et al.,1976, p. 9)

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1. Allen, K. E. Early intervention. In M. A. Thomas (Ed.) Hey don't forget about me: Education's investment in the severely, profoundly and multiply handicapped. Arlington, VA: Council for Exceptional Children, 1976.

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3. Bigge, J. and Servis, B. The physically and multiply handicapped. In N. Haring (Ed.) Behavior of exceptional children (2nd Ed.) Columbus Ohio: Charles E. Merrill in press.

4. Bigge, J. L. Systems of precise observation for teachers: Observation guide to accompany film. Produced under contract for Media Services and Captioned Films Branch of the Bureau of Education of the Handicapped, USOE, 1970.

5. Brown, L., Nietupski, J. and Hamre - Nietupski, S. Criterion of ultimate functioning. In M. A. Thomas (Ed.) Hey don't forget about me: Education's investment in the severely, profoundly and multiply handicapped. Arlington, VA: Council for Exceptional Children, 1976.

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7. Ryan, T. So you want to write objectives. In D. Gentry et al. The Systematic Instructional Process Applied to Classrooms for Educating Severely/Profoundly Handicapped Pupils. Seattle: Experimental Education Unit, University of Washington, June 1976.

COMPONENT G TASK (SHORT-TERM OBJECTIVES AND LEARNING STEPS)

(NOTE: USE A BLANK INDIVIDUAL IMPLEMENTATION PLAN FORM FROM THE BACK OF THIS PROGRAM TO COMPLETE THE TASKS IN SECTION FOUR.)

Write at least one short-term objective and two learning steps on the IIP for at least two annual objectives on the TSP for your case student. Return to p. 184 and 185 and compare your responses to the sample IIP.

COMPONENT H: INSTRUCTIONAL STRATEGIES AND TECHNIQUES

Short-term objectives and learning steps tell us what to teach. Instructional strategies and techniques tell us how we are going to teach. At this stage in the development of the IEP, the plan implementors design methods that will be used to facilitate reaching the program goals and objectives. Appropriate methods are listed for each short-term objective on the implementation Plan.

SOME CONSIDERATIONS

Learning Style/Teaching Style

In designing instructional strategies, you will want to capitalize on the learning strengths of your student. You may want to modify your approach to match your teaching style to the style of the learner. Some factors to consider in analyzing student learning styles and teacher teaching styles include:

Sensory channels--by observing closely, you have probably noticed that one child may learn best through either visual, auditory, or manipulative types of activities, while another child may have different preferences. The child's sensory preference for taking in information as well as his strongest method of response--verbal, written, or demonstration--must be considered. In addition to the student's sensory preference, you may find that you rely on learning experiences that use one sensory mode predominantly, and you may want to vary your approach or use more of a multisensory approach depending on the situation and the learners.

Human interaction--some children may prefer working alone while others may do best in a group situation. You will also want to make allowances in your planning for children who need frequent or intermittent assistance and those who prefer to work without interruption. Grouping students will require attention to the above factors as well as attention to the size and composition of the group, relative to the individual needs of the learner. As a teacher, you may prefer to work in certain groups or with individuals, and this preference may interfere with maximum progress of your learners. If you seem to rely heavily on one type of setting for human interaction, you may want to try to vary your style for particular learners whose needs are different.

Rate--some children are quick to grasp new skills and work rapidly. Other children work more slowly in grasping new skills or completing their work, or both. You may need to vary the amount of work required or the time allowed for completion in order to match the student's learning rate. Your own rate for presenting concepts or tasks may tend toward the rapid or the methodical and can be helpful or ineffective, depending on the learner's style.

Structure--knowing exactly what is expected may be a need of some of your children; others may prefer more freedom and choice in their activities, relating their work to current interests.

You may find that you tend toward structuring learning experiences tightly or prefer more spontaneous, child-determined activities. With your own characteristics in mind, you may want to incorporate options for children to choose, instead of prescribing every activity. If you prefer open-ended structure, you may have to set limits for those children whose style is conflicting.

The learning environment should also be designed to minimize effects of the child's handicap. Special seating considerations for hearing or visually impaired children, and elimination of distractions for children with problems of attention are examples of environmental modifications which may be required.

Just as each student has a particular learning style, teachers can examine their teaching characteristics for ways in which their style is complementary or conflicting with the needs of their students. The matching of teaching and learning styles will be a determining factor in student success.

Instructional Setting

Selection of strategies and techniques must be made with the setting where they will be delivered in mind. Settings where instruction takes place vary and may include the home, a special center or class, hospitals and playground. Other children (e.g., siblings, other classmates) and adults (e.g. parent, teachers) present in a given setting must be considered when designing appropriate strategies and techniques.

Instructional Arrangement

Delivery of a particular type of instruction may occur in a 1:1 arrangement, in a small group or via self-directed instruction. For the severely handicapped, it is felt that the one-to-one instructional practice most commonly used is not always good. "It now seems reasonable to provide fewer one-to-one instructional arrangements and more arrangements that involve a) group instruction, b) clustered individualized instruction in which one teacher engages in individualized interactions with three, four, or five students, and c) instruction that generates adapted interstudent interactions in the absence of the direct involvement of persons in authority". (Brown, et al. pp. 9-10).

Overuse of one-to-one instruction in teaching the severely handicapped can result in the student becoming too dependent on one teacher, can inhibit the development of self-initiation skills, and can prevent utilizing situations where students can teach and learn from each other. It is necessary that students have the opportunity to perform the same skill with other persons in other settings and also acquire the skills necessary to obtain information within a group setting.

TEACHING TECHNIQUES MAKE A DIFFERENCE

Instructional Techniques

The more effective teacher is aware that there are different ways of teaching a particular skill and chooses the method most appropriate for the task and the individual student. Techniques for teaching a specific skill could include one or more of the following methods:

1. Chaining: a series of behaviors, performed in a given sequence, to bring about a single complex behavior. Chaining can be backward or forward. In backward chaining the last step of the chain is taught first, then the next to the last step is taught, etc. Example: "pull shirt down three inches"; "pull shirt down from armpits";..."put on shirt independently".

   In forward chaining, the first step in the chain is taught first, then the second step, etc. Example: "pull shoe laces tight"; "pull shoe laces tight and cross the laces to opposite sides of the shoe";..."tie shoelaces independently".

2. Cueing or Prompting: using a word, phrase, model, or signal of some kind, which has a high probability of triggering the desired response. Example: teacher provides the outline of alphabet letters for student to copy or uses a verbal prompt ("seven") to help child recall the next number ("eight") in counting.

3. Fading: The student is gradually "weaned" from cues or prompts, since these will not typically be available in natural (non-instructional) situations, and the aim is for the response to occur naturally.

4. Shaping: Successive approximations to a correct response are reinforced; cueing and fading are frequently used to shape correct behaviors.

5. Demonstration/Modeling: showing a child how to perform a task before s/he attempts it; the expectation is that child will imitate the teacher's behavior. Demonstration/modeling should be combined with verbal cues ("Draw a circle"). These techniques are not usually too useful with severely handicapped because ability to copy or imitate may be limited.

6. Modeling: can also mean providing the child with an example of the result of a completed task, e.g. having student assemble a place setting next to a preassembled place setting.

   This is a higher level instructional technique than molding or physical demonstration/modeling since it does not require or depend on teacher's presence. The teacher could be present, however, and combine the model with verbal cues, prompts, or signs, then fade these out.

7. Molding: physically guiding a child's movements so that the child can physically experience how it feels to perform the task. This is a useful technique when the desired response is not present or when it occurs infrequently. (e.g. guiding child's hand as he prints a letter in his name).

8. Practice: requiring the child to repeat the same movement or response many times in succession (drill).

9. Mixed practice: giving the child practice on a series of different tasks during a single instructional session. The purpose is to assist the child to learn to determine which movements or responses are required for which task. (e.g. practice dressing skills involving tying, zipping, snapping).

Learning Stages

The more effective teacher is aware of the stages of learning. When deciding how to teach a skill, we are concerned with the application of instructional tactics appropriate to the various stages of learning: acquisition; proficiency; maintenance; generalization; and application.

Acquiring--instructional procedures appropriate when a student is acquiring a skill are shaping, imitation, prompting, cueing, providing constant corrective feedback, and reinforcing even the slightest approximation of the desired behavior. For many learners, imitation is part of their learning repertoire; for severely handicapped learners, you may need to teach them to imitate.

Example: Shaping techniques applied to "pat-a-cake" may require holding the child's hands and clapping them together at "pat-a-cake," followed by reinforcing with a bit of food the child likes. The teacher may then progress to clapping to imitate, reinforcing successful approximations. Prompting might entail starting the child's hands in a "pat-a-cake" position with the child completing the task. A verbal cue, "Bobby, let's do pat-a-cake," may be used to elicit the performance.

Strengthening--when building proficiency in a certain skill, techniques include reinforcing each response, and providing a variety of reinforcers for performing the skill. For example, once the child has acquired the "pat-a-cake" skill, different reinforcers may be used instead of, or paired with, food (free time with a special toy, "Good boy, Bobby," or hugs and pats) and are still provided immediately after each correct response.

Maintaining--the skill involves providing reinforcement on a variable (intermittent) schedule; reinforcers can also be paired at this point and primary reinforcers (if used) faded out. For Bobby to maintain the "pat-a-cake" skill, use primary reinforcers every second or third successful completion (varying the schedule), and begin to phase out food reinforcers, depending more on the use of free time, praise, or hugs as reinforcers.

Practice, mixed practice and fading are instructional techniques that are useful at this level. Repeated practice strategies (eliciting large numbers of direct instructional trials in short periods of time) are commonly used with severely handicapped students. According to Brown et al., reliance on repeated practice strategies may "foster the use of artificial instructional materials, tasks and settings" (P. 12). We can work on maintaining a particular skill and work toward generalizing that skill by including functional tasks for practice and moving quickly from artificial tasks to providing student practice opportunities in natural settings.

Generalizing--the skill is producing the learned response in the presence of similar but novel stimuli. Practice is recommended to enhance skill generalization. For example, "when a student is taught to perform specific skills in response to a particular verbal language cue, (e.g. 'go find'), the task should not be considered mastered until the student performs the task in response to the other verbal language cues (e.g. 'get me your,' 'look for') in his natural environment that require the same response " (Brown et al., p. 13). Different persons might begin to ask Bobby to "pat-a-cake" (varying the stimulus slightly, requiring the same response), or the response might be varied slightly, requiring Bobbly to "pat-a-cake" a piece of clay or dough placed in his hand or palm. In planning for severely handicapped learners, learning patterns must be considered, and planning must be done accordingly. Handicapped learners, as a group, tend to have difficulty generalizing tasks from one situation to another. In writing this part of the plan, you may want to include learning opportunities across instructional settings, at different times, emphasizing different components of the skill, in 1:1 or small peer groups, with different adults, and using different reinforcers and reinforcement schedules. Some alternatives with Bobby might include:

a. setting--sitting on the floor or rug or at a table.
b. time--before lunch, after nap, before leaving.
c. skill components--eye contact, increasing loudness of clapping, verbalizing "pat-a-cake",
d. grouping--with a peer or group of peers, siblings. different adults--parents, aides, volunteers.

Reinforcers could change to reflect new interests and skills.

Application--is the last learning phase. Application of a skill involves being able to enter into a novel situation, and perform that skill at appropriate times. Applying learned skills depends on ability to adapt and initiate appropriate responses. A student may learn to wash his hands upon command in a school setting, but until he recognizes the need to wash his hands and then actually washes his hands, at home, in public restrooms, whenever the need arises, he is not able to apply his skill. We might ask Bobby to clap with music, to pat out piecrust, or to clap for a friend's success. When Bobby can apply the components of a new skill, "pat-a-cake," to these new situations in different ways, we can be sure the skill is "his", and we can participate in helping the child develop and expand a more flexible repertoire of skills .

Management Techniques

Effective teachers are also aware that self-management and social skills are learned behaviors and can therefore be taught. Teachers of handicapped students must be familiar with reinforcement principles and how to apply them in developing new behavior, strengthening new behavior, maintaining new behavior, and modifying inappropriate behavior. Teachers also must be alert in order to select reinforcers which have particular appeal to individual students. Individual reward preferences should be integrated in the IEP. An example of the use of a favored activity to modify inappropriate behavior appears below. The preschool child described was non-verbal, multiply involved, and whined, squealed and pulled at the teacher when he wanted something.

> When they saw him looking toward or approaching the rocking boat, a teacher moved to him quickly before he began to clutch and cry and slipped in a quick cue, 'Mark, would you like to ride the boat? Say boat.' If he made even a remote vocal approximation, he was immediately lifted into the boat and rocked vigorously for a minute or so. Then the teacher might stop the boat, but before the child began to whine some more, she would say 'Do you want to rock some more?' 'Tell me more ' (Allen, p. 56).

CONSIDERATIONS FOR EARLY CHILDHOOD

Hayden et al. (1976) have listed some general intervention strategies for use with severely handicapped infants and young children. When working with young handicapped, teachers need to:

1. Employ more intense and frequent stimuli.
   For example, in teaching a child to print letters, we might use a large space making each letter 3-4 inches high and in a bright color rather than in pencil.

2. Recognize and reinforce approximations to a correct response.
The child's printed "M" might look like this: , but even the weakest approximation should be reinforced.

3. Hand shape responses when necessary.
Physically holding the child's hand to make "M's" may be necessary.

4. Teach "tool" skills essential for more advanced learning.
Since printing "M's" requires that the child copy a visual cue or imitate the teacher's printing, the tool skills of copying may precede teaching how to print "M's."

5. Teach basic personal/social behavior skills.
The more attractive a child looks and cooperatively he accepts teacher and peers, the more likely we can make it possible for him to use the skills of printing "M's" in a normalized setting.

6. Teach the use of human resources.
Asking for help for a specific purpose and in a courteous way is just as much a skill as printing "M's" and must be taught accordingly.

7. Teach the use of cues.
All of us use reminders to help get through difficult tasks, and the skill of looking for these cues or the cues themselves must be taught. In printing "M's," for example, a child might be taught to look for something around him that reminds him of how to print "M's," or he might be taught to look at his index and second fingers and draw a line which begins outside the index finger.

8. Teach students to exercise patience.
Remembering how an "M" looks and then getting that symbol on paper may take time; both teacher and student must recognize and accept what seems like a slow rate of task completion.

9. Fade out dependency; help the child become a self-manager.
Once the child has been successful in achieving basic skills and a degree of independence, the child can become less dependent on the teacher for managing all behaviors and the teacher becomes more of an advisor. Interfering behaviors such as nose-picking or talking out may be eliminated by working with the child on a self-managed program; the teacher may signal the child when the behavior occurs and let the child record it; once aware of the extent of the behavior's occurrence, the child is usually willing to eliminate it (p. 254).

CONSIDERATIONS FOR SEVERELY HANDICAPPED

Haring (1976) describes some teaching strategies commonly used with severely handicapped for different tasks and matches them with appropriate methods.

1. Analyze a task into component parts and teach the task as a behavior chain.
Dressing, handwashing, parts assembly skills can be taught this way. Prompting, physical assistance and modeling are usually used and faded until the student can complete the sequence independently.

2. Analyze a task into component parts and teach each subpart to criterion before moving to the next level. Drill and practice are procedures commonly used. This strategy is appropriate for counting, reading and sorting tasks.

3. Reinforce behaviors elicited spontaneously. For some behaviors, the strategy used may be looking and waiting for the desired behavior (or an approximation of it) and reinforcing the student immediately. This strategy is often used for behaviors related to communication or social skills (e.g. asking for help, etc.) (p. 222).

Teachers of the severely handicapped should guard against the tendency to infer that success in performing a particular skill in an artificial setting (school) will transfer to other more natural settings (home, community). Brown et al. (1976), suggest that "Each time a student is taught a functional skill or game, it might be required that the skill be performed a) in reaction to, or in the presence of, at least three different person; b) in at least three different natural settings; c) in response to at least three different sets of instructional materials; and d) to at least three different appropriate language cues (p. 13).

It may even be necessary to teach all skills, responses and concepts necessary for adaptive performance outside of school.

Objective: Student will feed himself, using a hand-over-hand method of feeding, within a 15 minute time period, with at least 50% accuracy level.

Strategies: 1. One-to-one with student seated at table and instructor seated at right side.

2. Molding:

Instructor's hand over S's right hand, enabling him to hold spoon
Instructor's other hand supports S's right elbow
Instructor assists S to scoop up food and place it in mouth
Instructor guides S's arm and hand back to bowl
Instructor rewards S (pat and verbal) each time he successfully completes sequence.

(Adapted from Haring, Vol. I, 1976, p. 121)

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COMPONENT H TASK (INSTRUCTIONAL TECHNIQUES)

Write a summary of the instructional strategies you will use in implementing each of the short-term objectives you wrote for your case student. Compare the types of strategies you have selected with the example presented on pp. 184 or 185 or the case studies in Appendix I.

COMPONENT I: MATERIALS AND RESOURCES

Some special materials and/or media may have been suggested on the Total Service Plan by the team. It is the responsibility of the implementors, at this point, to take those suggestions, add to them, and integrate them into the implementation plan. The materials and resources selected for use with a particular learner must match the objectives and the learner--his learning style, his prerequisite skills and interests. Since the selection of appropriate materials is dependent on individual objectives, individual learners and individual teachers, we will not try to "survey the field" or provide extensive listings within this document. Catalogues, bibliographies and other listings may be found in curricula developed for early childhood and/or severely handicapped as well as at your local ALRC Associate Center and through the AAESPH H.E.L.P. Network. Some resources are listed in Appendix IV-I.

Because severely handicapped persons have long been presumed to be uneducable, there are few curriculum materials that teach the skills they need. The available commercial materials tend to teach skills which the commercial developer wants to teach and which may have limited application to the real world needs of these children and young adults (Haring and Pious, 1976, p. 8).

Williams et al. (1976) offer the following guidelines for selection of materials for the severely handicapped. They suggest that materials be chosen on the basis of:

a. Functional use to the individual student (e.g., use dishes, money for sorting instead of circles and squares).

b. Accessibility or frequency of occurrence across the environment of the individual student.

c. Reinforcement value to the individual student.

d. facilitation of discrimination learning.

e. application to repeated practice during skill acquisition.

f. facilitation of later skill development.

g. facilitation of skill maintenance (p. 73).

Once again, we point to the "artificial" vs "functional" dichotomy. When working with severely handicapped learners we must strive to phase out artificial materials such as pegs, pictures, paper/pencil worksheets, and puzzles as quickly as possible and replace them with real money, real stores, real tools and real people and materials from the real world.

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1. Haring, N. G. and Pious, C. Future directions in work with severely and profoundly handicapped persons: An overview. In N. G. Haring and L. J. Brown (Eds.) Teaching the severely handicapped (Volume I). New York: Grune and Stratton, 1976.

2. Williams, W. et al. Skill sequences and curriculum development: Application of a rudimentary developmental math skill sequence in the instruction and evaluation of severely handicapped students. In N. G. Haring and L. J. Brown (Eds.) Teaching the severely handicapped (Volume II). New York: Grune and Stratton, 1976.

COMPONENT I TASK (MATERIALS AND RESOURCES)

List the materials you will be using with your case student for the instructional strategies summarized on the IIP. Compare your IIP with the example on p. 184 or 185 or the case studies in Appendix I.

COMPONENT J: MEASURES OF STUDENT PROGRESS

For every objective, long or short-term, there must be a measurement system (a method) for determining whether the pupil is moving toward reaching the objective. It is necessary to carefully follow the progress of each child from the time the IEP is implemented, for it is only through collecting continuous progress data that the teacher will know whether the teaching is effective or when to make modifications in the learning task sequence, the strategy or materials. The teacher must decide what types of evaluation data to collect, in what setting, and how frequently. The progress measures included on the Individual Implementation Plan are directly related to each short-term objective, and data are collected during the ongoing instructional process.

Types of Measures

Several different kinds of measurement procedures are described below.

1. Checklists: easy to use; require yes or no answers about a pupil's behavior; appropriate for "either/or" situations such as taking medicine, hanging up coat, bringing lunch money, etc.

2. Per cent: number of times behavior occurs out of the total number of opportunities for it to occur; used when a child has many opportunities to respond; standardizes behavior counts from day to day (e.g., 5 out of 10 times yesterday = 50%; 10 out of 20 times today = 50%.) used most frequently for preacademic and academic behaviors.

3. Frequency or Rate: tells both whether a child performed and how often the behavior occurred during a given interval; greatest sensitivity to behavior change; used for both academic and social behaviors.

4. Latency: how much time elapses between the stimulus and response; used for such behaviors as following directions, initiating task when instructed, etc.

5. Duration: length of time a behavior occurs once it has begun; start and stop times are usually recorded; used for behaviors such as wearing glasses, building endurance, etc.

6. Trials to Criterion: set a desired performance level, such as four correct responses in succession and record the number of trials needed before criterion is reached; used for more primitive responses--eg. grasping, swallowing; easy to collect.

Gentry and Haring (1976) provide some guidelines for selecting progress measurement procedures so that they are useful to both the child and the teacher.

1. Measures should be taken directly on the task or the objective being taught.
2. Measures should provide information about intended or critical outcomes of learning tasks, e.g. a duration measure for "wearing a hearing aid," a frequency measure for a sorting task.
3. Measures should be sensitive to rapidly reflect change.
4. Measures should be taken frequently; daily if possible.
5. Measures must provide reliable results.
6. Measures must be practical, easily administered during the teaching/learning process.

7. Measures must be efficient and economical.

Progress data may be collected via teacher observation, evaluation probes (a quick sampling of desired behavior) or more formalized tests. This evaluation can be conducted while the teacher is providing instruction, while the child is practicing, during the child's free time, or in a formal testing situation. Progress data can be collected daily or at weekly or monthly intervals. A variety of devices for recording progress data appear on the following pages.

Examples of weekly charts (Portage Project) and periodic probes (Medford Preschool) are included in the following figures.

Figure 20

Example of Recording of Baseline and Probes
Medford Preschool
(Medford, Oregon)

Polars

Given an auditory cue, the child will verbally respond with the correct polar.

Baseline 9/5/73

1	2	3
+	10/12/73 10/26/73 11/19/73	+

1. If it is not long, it is *short*.
2. If it is not full, it is *empty*.
3. If it is not big, it is *little*.

Figure 21

ACTIVITY CHART

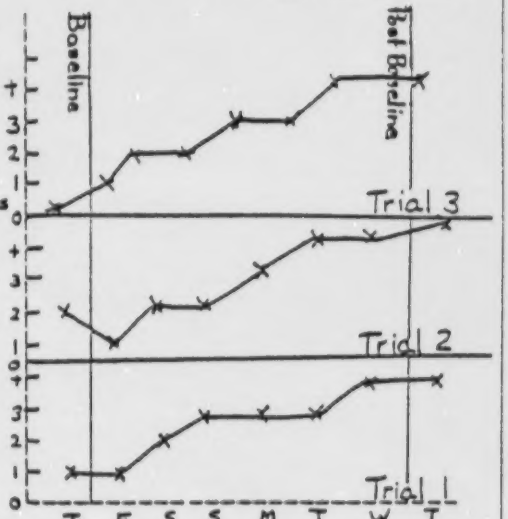
CREDIT: ____ yes ____ no

Child's Name Robby

Home Teacher's Name Kathy

Week of March 10

BEHAVIOR: Robby will crawl forward on hands and knees using left-right movement with stomach off floor (towel for support)



DIRECTIONS:

Place a goodie on the floor about 1 foot in front of Robby. Help position him by putting his hands in front of him. Then take the beach towel and place it under his stomach and pull up holding on to the ends of the towel until he's on his hands and knees. Encourage him to move towards the goodie. Praise each movement forward and as he gains in skill, increase the distance between Robby and the treat. Reward with treat when he reaches it. Practice 6x each day but just record number of feet crawled forward on the first 3 trials.

The Portageproject

Progress of groups of students can be monitored also, as shown in the sample from the San Felipe Del Rio Project.

Figure 22

Probe Sheet
San Felipe Del Rio Consolidated Independent School District
(Del Rio, Texas)

Group: C.A., R.M. and J.L. Age Range: 6 years

Area: _____ Performance Level: 4 - 5

Objective: The children will demonstrate competency with pronouns (*he, him, she, her, they, them*) by using them correctly in sequence story.

Children	INITIAL PROBE Date: 3/21/72	2ND PROBE Date:	3RD PROBE Date:	4TH PROBE Date:
	he him she her they them			
CA	✓ ✗ ✗ ✓ ✗ ✗			
RM	✓ ✗ ✗ ✓ ✗ ✗			
JL	✓ ✗ ✗ ✓ ✗ ✗			

Those who succeed here go to enrichment area.

Activity:
Learn Pronouns: *he, him, she, her, they, them*
Techniques:
1. Pretest use sequence stories from sequence story activity. Record each child's responses.
2. Structure picture sentence in slotted sentence. Substitute written word for picture in who slot (put it on top). "Read" sentence using target word.
3. Use pronouns in each child's individual "sentence book."
4. Set up structured group situations to use target pronouns.

Materials:
DLM Sequence Cards
Magazine picture
Individual picture books

Some programs use standardized tests at various intervals, such as the PPVT, ITPA, etc., but generally this is not recommended because of the general lack of validity (especially for culturally different children) of these tests for evaluating effectiveness of instruction.

With the severely handicapped, progress can be so slow that if you do not keep systematic and careful records, you may not be aware that students are moving at all. Simple counting, recording and duration measures provide teachers with continuous information of student progress and teaching effectiveness so that students don't lose valuable learning time (see Figure 23).

Figure 23*

WASHING HANDS

Pupil's Name_____ Manager's Name_____

Behavioral Progression										
1. Get towel from cupboard, if not out										
2. Get soap from drawer, if not out										
3. Roll up sleeves, if needed										
4. Turn on water										
5. Test temperature, not cold										
6. Adjust water temperature										
7. Pick up soap from soap dish										
8. Hold soap under running water										
9. Remove soap from water										
10. Rub soap between hands until lather forms										
11. Replace soap in soap dish										
12. Rub lather over front of hands										
13. Rub lather over back of hands										
14. Rub lather between fingers										
15. Rinse hands under running water until all soap is removed										
16. Turn off water										
17. Remove towel from rack										
18. Dry hands by rubbing on towel										
19. Return towel to rack										

+ = Pupil completes step correctly without assistance
v = Pupil completes step correctly with verbal instruction
d = Pupil completes step correctly with demonstration
p = Pupil completes step correctly with physical assistance
o = Pupil does not complete step correctly

(*Reprinted from Haring, 1976, p. 222)

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COMPONENT J TASK (DATES, MEASURES OF STUDENT PROGRESS)

On the IIP for your case student, list the date you plan to start. The space for "Measures of Student Progress" will be completed as you begin to implement your instructional strategies and are able to determine and indicate the student's response. If you have had a chance to check progress, note the date and the results. Compare your completed IIP with the examples on P. 184 or 185 or the case studies in Appendix I.

EPILOGUE

"Mediocrity is not against the law and commitment to children cannot be legislated." [1]

We recognize that it is far easier to put the IEP process into the law, or to write about it, than it is to actually implement it. This program on IEP is lengthy and complex. Our commitment to children made it impossible to settle for less.

Throughout this program we have stressed the importance of early, systematic, and individualized educational intervention. It takes time; it works; and it can change the lives of the handicapped.

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APPENDIX I

IEP - Total Service Plan

Jane (DOB 11-11-58) Student's Name	Special complex Placement Recommendation	Special Education and Related Services	Start Date	Duration of Service
Wilson School	0 % % of Time in Regular Education	Transportation	9-13-76	1 year
9-7-1976 Meeting Date	Needs structured program with behavior and language emphasis. Too old to stay in elem. TMR program and does not have Social skills for high school program Justification for Type of Placement (include other alternatives considered)			
Committee Members Lea (psych), Roe (teacher) Olson (speech) Wagner (admin), Walter (new teacher), Brown (Regional Center), Dobbs (prog)	private school home teacher	within classroom program Type of PE	9-13-76	1 year
Mrs. Pat Jon (guardian) Parent Signature of Approval	9-13-76 Placement Date	within classroom program Career Ed	9-13-76	1 year

Present Levels of Performance (Observation, Santa Barbara Behavior Assessment)	Long Range Goals	Annual Instructional Objectives for Each Goal (Include evaluation criteria)	Evaluation Procedures	Review Date
academic. Can trace geometric shapes and first five letters of alphabet; recognizes her printed name language: no expressive language; responds to name and 1-2 word commands	1. Jane will use sign language for expressive communication.	1. Jane will give appropriate sign for 9 out of 10 objects at home and/or in class.	observation, Santa Barbara Behavior Assessment	5-2-77
self-help: leaves bus and goes to classroom without assistance. She toilets herself, washes and dries hands, feeds herself. Unable to dress herself completely	2. Jane will dress and undress herself without assistance	2. Jane will dress herself in the morning and undress at night without assistance every day.	"	5-2-77
social. responds to her name but does not give appropriate greeting or farewell				
psychomotor poor fine motor control on pencil tasks. Gallops instead of runs	3. Jane will write her full name.	3. Jane will print her first name legibly at the top of her worksheets upon request.	"	5-2-77
prevocational/vocational. can sit appropriately for 1 min and maintain eye contact for 10 seconds				

Persons Responsible for Implementing IEP	Special Inst'l Media/ Materials Needed (suggestions to implementers)
Mrs Walter	Signing Exact English Training the Retarded at Home or In School Use materials found in Jane's environment

Implementation Plan For June

Student's Name

Short-Term Objectives (Sequence of Learning Steps For Annual Objective # 1)	Person Responsible	Instructional Strategies / Techniques	Materials / Resources	Start Date	Measure of Student Progress	Date
a) Will sign imitation for cup, table, book, etc. b) Responds to "What's this?" by imitating sign with shaping c) Responds to "What's this?" by imitating sign (unprompted). d) Signs "cup," "table," "book" etc. when asked "What's this?"	Walker/ Mrs Tom	Teaching sequence - hand-shaping, molding, imitation, production sequence. Approximations of signs are shaped; modeling correct signs. Shaping and fading procedures used to train closer sign approximations Dominant hand used for signing. correct response → verbal praise incorrect response → correct model No response → molding of hand to make sign Teacher or parent repeats word and sign. Parent works with J. at home using same procedures and words from school	Objects to teach receptive and expressive sign vocabulary/ book cup chair table coat dog television house Signing Exact English	9-14-72 9-30 10-30	(Criterion before moving to new task: 80% correct on 5 trials for 3 consecutive days - graph) book, cup to criterion with teacher " " book, cup to criterion with mom " " table, coat to criterion with teacher " " table, coat to criterion with mom " " chair, dog to criterion with teacher " " " chair, dog to criterion with mom " "	 9-28 9-29 9-30 10-2 10-3 10-4 10-15 10-16 10-17 10-21 10-22 10-23 11-20 11-21 11-22 12-1 12-2 12-3

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Implementation Plan For Jane

Student's Name

Short-Term Objectives (Sequence of Learning Steps For Annual Objective • 2)	Person Responsible	Instructional Strategies/ Techniques	Materials/Resources	Start Date	Measure of Student Progress	Date
a) Will put on and take off socks - Put socks on Put sock over toes Pull sock to heel holding on to pompom Pull sock over heel - Take socks off Pull socks off heel-holding on to pompom Pull socks down to toes Pull socks of toe/foot b) Will put on and take off shirt - Place neckhole on top of head - pull shirt over head - Put one arm into sleeve - Put other arm into sleeve - pull shirt down over torso	Walker/ Mrs. Tom	Teaching sequence begins with the teacher's demonstrating each step. Her hands are gently but firmly grasped in such a way that she seems to be initiating or completing the task. Jane will work on a dressing skill moving from: Assisted/Primarily Assisted Partially; Supervised; Independent Begin by trying to teach the entire sequence. Jane may be able to do part of the sequence with assistance and complete it with supervision. She does not pass a stage until she is able to do all of the steps at the minimal level measured; ie Put sock over toes (primary assistance) Pull sock to heel (primary assistance) Pull sock over heel (partial assistance) passed on primary assistance	Use Jane's clothes. Socks- low cut tennis socks with pom-poms on heels Shirts - pullover t-shirts pants - elastic waistbands	9-14-76 9-20-76 10-2 10-25 11-1 11-11	(criterion is 3 consecutive days performance at each success level before moving on to more independent criteria. on new dressing skill) Pull Socks on with primary assistance at school/home Pull socks on with partial assistance- school/home Pull socks on-Supervised school/home Take socks off-primary assistance- school/home Take socks off supervised Take socks off independently	9-20 10-1 10-25 10-29 11-10 12-1

Implementation Plan For Jane

Student's Name

Short-Term Objectives (Sequence of Learning Steps For Annual Objective 3)	Person Responsible	Instructional Strategies/ Techniques	Materials/Resources	Start Date	Measure of Student Progress	Date
Will print her name on request. a) Trace the letters in her name b) Copy her name with model c) Copy her name at the top of the page with model d) Write her name without model	Walter	Use a demonstration before presenting each step. May also use molding to move her hand through the task. Keep her tasks in folder so that she can look at her progress. Use verbal prompts as she is learning the task Encourage parents to ask Jane to print her name at home, to label her possessions (books, records, etc)	Use paper and writing instruments that provide resistance (construction paper, sandpaper, chalk, crayon, felt tip marker)	9-20 10-7 12-1	(Criterion is success on 4 out of 5 trials over 3 consecutive days) Trace, without going off dotted lines more than 3 times 5 out of 5 - 2 days 4 " of 5 - 1 day copies legibly copies legibly	10-6 12-1 12-12

IEP - Total Service Plan

Matthew (DOB 11-22-71) Student's Name Good Start kindergarten School 3-15-77 Meeting Date Committee Members J. Jones (teacher), B. Booth (psych), B. Henderson (speech), J. Westbrook (itinerant teacher) Sally Slick Parent Signature of Approval	Regular kindergarten, itinerant support Placement Recommendation 90% % of Time in Regular Education parent preference, current progress Justification for Type of Placement (include other alternatives considered) John Tracy clinic preschool class for the deaf 3-15-77 Placement Date	Special Education and Related Services Speech therapy/ itinerant teacher for the hearing impaired Type of PE Career Ed	Start Date 3-15-77 "	Duration of Service 9-1-77 "

Present Levels of Performance (Portage Guide, interview w/parents, observation)	Long Range Goals	Annual Instructional Objectives for Each Goal (Include evaluation criteria)	Evaluation Procedures	Review Date
academic #16 Cognition #79 - identifies color with object language - combines noun and verb in two word phrase self-help #72 dresses self completely; zips and buttons social #65 contributes to conversation, attention wanders (observation) psychomotor #85 awkward at cutting, pasting, coloring, and printing prevocational/vocational	1. Increase expressive language 2. Increase attention to verbal instructions	1. Matthew will answer "What's ___ doing?" questions and will ask "What are you doing?" at least 5 times each day during language. 2. Matthew will return his attention to teacher after any interruption or distracting visual stimulus within 10 seconds.	Portage Guide observation interview "	9-1-77 9-1-77

Persons Responsible for Implementing IEP	Special Inst'l Media/Materials Needed (suggestions to implementers)
J. Jones, B. Henderson, B. Booth, J. Westbrook	

Implementation Plan For Matthew

Student's Name

Short-Term Objectives (Sequence of Learning Steps For Annual Objective # 1)	Person Responsible	Instructional Strategies/ Techniques	Materials/Resources	Start Date	Measure of Student Progress	Date
1.1 When asked "What is — doing?" Matthew will repeat answer given by teacher 1.2 When asked "What is — doing?" Matthew will point to correct response in picture book. 1.3. When asked "What is — doing?" Matthew will answer unprompted. 1.4 Matthew will repeat "What are you doing?" when prompted by teacher 1.5 Matthew will ask "What are you doing?" during language activity, without prompt.	B. [illegible] Jurestbrook	Name common activities at school for Matthew. Describe what you are doing during the day - talking, walking, eating, writing, jumping, playing - Begin to ask Matthew "What am I doing?" "What are you doing?" If he doesn't answer tell him the name of the activity. (Expect only the basic verb form) Look at pictures and ask him to tell you what the people are doing. Work with Matthew and a friend in a game situation - "What are you doing?" "What is she doing?" "What am I doing?"	pictures books filmstrips	3-17-77	Charting # of responses Matthew repeats activities - 10 verbs Matthew points to 2 of 5 responses correctly (picture book)	4-1-77 4-5-77

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Implementation Plan For Matthew

Student's Name

Short-Term Objectives (Sequence of Learning Steps For Annual Objective # 2)	Person Responsible	Instructional Strategies/ Techniques	Materials/Resources	Start Date	Measure of Student Progress	Date
2. When prompted by a "buddy" Matt will return his attention to the teacher a- Matt will come to the center of the group on the rug for instruction time b- Matt will select a friend who can tap him lightly when he needs to pay close attention to teacher c- Teacher, friend, and Matt will rehearse Matt's looking away, friend's noticing, and gentle tap d- Matt will return attention to teacher within 10 seconds of prompt by buddy 2.2 When Matt doesn't understand or has missed the directions, he will raise his hand and ask the teacher to repeat a- After task has begun, Matt will go quietly to teacher and ask for directions b- Matt will put red card on corner of desk when he's missed instructions c- Matt will raise hand after task has begun and teacher will come to his desk. He will ask for directions. d- Matt will raise his hand as soon as he realizes he's missed instructions or when he doesn't understand	J. Jones buddy	Teacher will save a spot for Matt and tell him that this is his special seat and that he will show the class how to be a good listener. Teacher will help Matt choose a friend. Teacher will demonstrate gentle tap and watching Matt to be sure he pays attention Teacher will explain that if friend does a good job and if Matt listens well, they will both get to do a project for the class (making a kite, brownies, etc) Teacher will review instructions and will tell Matt he's a good boy for asking for help Teacher will explain that the red card will be a special signal, and she will come to his desk as soon as she can to give help. Verbal praise for: 1) using signal 2) asking for help Teacher will explain that raising his hand is the same as red card. Reward as above. Teacher will explain that she will review instructions as soon as she sees his hand. (When he raises hand within 10 seconds of being distracted or not understanding, teacher will put a star on chart and provide verbal praise.	carpet square chart stars red card reward activities	3-15 4-1	daily charting Matt comes to special seat consistently (5 of 5 days) implementation of buddy system Matt uses buddy to stay on task 80% of day or more	3-30 4-25

IEP - Total Service Plan

		Special Education and Related Services	Start Date	Duration of Service
Martin (DOB 10-27-69) Student's Name	Development center Placement Recommendation	Occupational Therapy once weekly	2-2-77	8-1-77
Bright Acres School	0% % of Time in Regular Education	Medication Mellaril 10mg a.m.	2-1-77	8-1-77
1-21-77 Meeting Date	Guardian preference; intense service required Justification for Type of Placement (include other alternatives considered): Home teacher private school	Diet - No wheat or raisins	2-1-77	8-1-77
Committee Members O. Count (psych), B. Pal (adm), E. Ready (teacher), A. Lawler (Speech), O. Payne (nurse)		Adaptive PE. daily Type of PE	2-1-77	8-1-77
Mary Keeper (guardian) Parent Signature of Approval	2-1-77 Placement Date	Adaptive Daily Living Area - daily Career Ed	2-1-77	8-1-77

Present Levels of Performance (Koontz, Cattell, Mecham, observation, interview)	Long Range Goals	Annual Instructional Objectives for Each Goal (Include evaluation criteria)	Evaluation Procedures	Review Date
academic Appears unable to do puzzles, stack blocks, or scribble spontaneously	3. Will complete simple tasks	3. Martin will take 5 donut ring off rod and then return them to rod without prompts in 3 minutes, 4 of 5 trials	Koontz Cattell observation	8-1-77
self-help Eats with spoon, drinks from cup. Does not dress self.	2. Will assist in dressing himself.	2. Martin will unbutton and rebutton pants without assistance 4 out of 5 times when sent to the toilet	"	"
social Laughs and smiles appropriately. Responds to his name and to "no-no." Screams when frustrated.	1. Increase number of simple directions followed and will decrease screaming behavior	4. Martin will balance on one foot for 2 seconds, 3 out of 5 trials.	"	"
psychomotor Walks with agility, rides tricycle, throws ball. Does not balance on one foot	4. Will increase number of motor abilities	1. Martin will follow simple commands such as "Look at me," "Line up" "sit down" without screaming, 4 out of 5 requests during first module.	"	"
prevocational/vocational follows simple instructions selectively				

Persons Responsible for implementing IEP	Special Inst'l Media/Materials Needed (suggestions to implementers)
E. Ready, C. Shirts, M. Keeper, O. Payne	None

Implementation Plan For Martin

Student's Name

Short-Term Objectives (Sequence of Learning Steps For Annual Objective 1)	Person Responsible	Instructional Strategies/ Techniques	Materials/Resources	Start Date	Measure of Student Progress	Date
a) Will look at teacher's face and hands when teacher says and signs "look at me" four out of five times without screaming while working one-to-one with teacher.	E. Ready	Hugs and smiles when M. responds appropriately		2-1-77	0 out of 5 3 " " 5 4 " " 5	 2-11-77 2-18-77
b) Same as above while working in a small group	E. Ready	"		2-21-77	2 out of 5 3 " " 5	2-21-77 2-25-77
c) Same as above when large group is at community sing		"				
d) Will sit in chair when teacher signs and says "Sit down," 4 out of 5 times without screaming while working one-to-one with teacher		same as above - also begin a record when he sits down	Record			
e) Same as above while working in small group		"	Record			
f) same as above when with a large group		praise and "				
g) Will line up when teacher signs and says "line up" 4 out of 5 times, when working with a small group	E. Ready	Praise and smiles				

Implementation Plan For Martin

Student's Name

Short-Term Objectives (Sequence of Learning Steps For Annual Objective # 2)	Person Responsible	Instructional Strategies/ Techniques	Materials/Resources	Start Date	Measure of Student Progress	Date
a) Will unbutton large button on button board, 4 out of 5 trials	S. Large (aide)	• Demonstrate • Mold • Drill with button board • Hug and praise with each success	Button board, huge button	2-1-77	0 out of 5 trials 1 " " " " 5 " " " "	 2-11-77 2-18-77
b) Will unbutton medium sized button on button board, 4 out of 5 trials		same with button board, medium button	Button board, medium button	2-21-77	3 out of 5 trials 5 " " " "	 2-25-77
c) Will unbutton small button on button board, 4 out of 5 trials		same with small button	Button board, small button			
d) Will unbutton doll's button 4 out of 5 trials		same with doll	Large doll with button			
e) Will unbutton own pants' button when teacher signs and says "Unbutton your pants" at toileting time, 4 out of 5 trials		• Demonstrate • Mold • Hug and praise with each success				
f) Will unbutton own pants' button unprompted at toileting time, 4 out of 5 trials		Praise and hugs				
g) Will rebutton as for (a)		as for (a)	Button board			
h) Will rebutton as for (b)		" " (b)				
i) Will rebutton as for (c)		" " (c)				
j) Will rebutton as for (d)		" " (d)	doll			
k) Will rebutton as for (e)		" " (e)				
l) Will rebutton as for (f)		" " (f)				

Implementation Plan For Martin

Student's Name

Short-Term Objectives (Sequence of Learning Steps For Annual Objective # 3)	Person Responsible	Instructional Strategies/ Techniques	Materials/Resources	Start Date	Measure of Student Progress	Date
Will take donut rings off post in two minutes with prompts	E. Ready	Hold the base of post with one hand and pull donut off with the other (modeling).	large post & donut rings	2-5	M. takes rings off within 3 minutes	2-12
Will take donut rings off post in two minutes without prompts		Mold M.'s hands as he lifts donut ring off		2-12	M. places rings - verbal cues	2-27
		Assist M. as he lifts rings off				
		Provide verbal cues				
Will place donut ring on post with prompt		Hold donut ring at top of post & let M push it down - hold post steady				
Will place 5 rings on post with prompts		Model placing ring on post				
		Mold M as he places rings				
Will place 5 rings on post without prompts		Assist M as he places rings				
		Provide verbal cues				

Implementation Plan For Martin

Student's Name

Short Term Objectives (Sequence of Learning Steps For Annual Objective # 4)	Person Responsible	Instructional Strategies/ Techniques	Materials/Resources	Start Date	Measure of Student Progress	Date
Will be able to jump up and pivot on one foot a- Martin will jump on two feet b- M. will jump on 1 foot c- M. will pivot on one foot	E. Ready	Model jumping on two feet. Practice jumping with Martin. Stand across from him and ask him to jump toward you. Hugs and verbal praise for success. Draw a square (like hopscotch) and practice jumping from squar to square.		3-1 3-4	Martin jumps on two feet upon request. Martin jumps on 1 foot	3-6 3-8
Will be able to balance on one foot for 2 seconds with aid a- M. will stand on one foot with toes of other foot on ground for balance, holding on for support. b- M. will stand on on one foot with toes of other foot on ground for balance, without support c- M. will stand on one foot, holding teacher's hand for support d- M. will stand on one foot, holding teacher's finger	E. Ready	Stand behind Martin. Ask him to turn around & look at you. Demonstrate jump-pivot. Hold M. under arms and physically guide him through jump-pivot. Stand behind . . . Ask him to jump up on one foot and turn around to look at you. Model balancing on one foot. Hold M's hand, finger to help him maintain balance. Hugs and praise for success.				

APPENDIX II

APPENDIX II

Glossary of Terms

DIS: Designated Instruction and Services -- Services which are not provided by regular classes, special classes, or resource programs are provided by specialists in the following areas: language and speech, audiology, supplemental instruction for hearing, visually or orthopedically handicapped children, home and hospital instruction, physical and occupational therapy, remedial/adaptive PE, specialized Driver Training, career/vocational education.

EAS: Educational Assessment Service -- The committee which reviews referrals for placement in special classes or centers and designs educational programs for these students and consists of specialists from health, psychology, social work, language, speech, and hearing, administration, and diagnostic teaching, as well as the parents.

FAPE: Free Appropriate Public Education -- Every handicapped child aged 3-21 is entitled to an education which meets his individual needs, whether it be in a public school setting or in a private school at public expense, if a public program is not available or appropriate.

IEP: Individualized Educational Program -- A written statement jointly developed by a school official, the child's teacher, and his parents, which includes the child's present performance levels, long range goals, annual objectives, services, extent of participation in regular school programs, short-term objectives, activities, evaluation criteria, and dates for review for each handicapped child.

IIP: Individual Implementation Plan -- This plan, similar to a lesson plan, is developed by the child's teacher and other specialists. It details short-term objectives and specific strategies for educational intervention.

LEA: Local Education Agency -- local school district.

MASTER PLAN: California's comprehensive special education program currently implemented in ten areas of the state. Educational agencies have three options in developing a comprehensive plan to provide educational services for all exceptional individuals ages 3-21: 1) single school district comprehensive plan; 2) a combination of school districts with the office of the county superintendent of schools to develop a joint comprehensive plan; 3) contiguous districts or counties may join together to develop a plan.

PL 94-142: Education for all Handicapped Children Act enacted in November 1975, and scheduled for full implementation in Fiscal Year 1978.

PROCEDURAL SAFEGUARDS: Specific procedures guaranteed by law to protect the rights of children and parents which include the following:

a. Due process - The right of the parent and child to be fully informed and included in decision-making at all steps in the process of identification, child evaluation, planning, programming, and program evaluation.

b. Nondiscrimination - The assurance that special education placement will not be provided on the basis of biased or discriminatory information.

c. Least restrictive environment - A wide number of options favoring the educational environment which is closest to general education placement.

d. Native language - The language spoken in the home.

e. Confidentiality - The right of parents and children to have access to and control of all educational records, relevant evaluation data, and assurance that any information contained in school records will not be released without the permission of the parent.

RLA: Responsible Local Agency -- An administrative area where a Comprehensive Plan, under the California Master Plan for Special Education, is being implemented on a pilot basis.

SAT: School Appraisal Team -- a school based assessment and instructional planning team which consists of the administrator or his/her designee, student's regular (if designated) teacher, special education teacher, parent, and student (where appropriate).

TSP: Total Service Plan -- The plan developed by the team which contains present levels of performance, long range goals, annual instructional objectives, placement recommendation and additional support services needed, evaluation criteria, and schedules.

APPENDIX III

APPENDIX III

Post Test

1. List the steps in the IEP process.

2. What is an IEP?

3. What are the purposes of the "term approach" to writing an IEP?

4. What is the difference between the Total Service Plan and the Individual Implementation Plan?

5. What skill areas are assessed in determining present levels of performance?

6. What are some ways to assure the "cultural appropriateness" of assessment techniques?

7. What are some considerations to make when goals are prioritized?

8. What are some considerations to make in writing objectives?

9. What are some factors to consider in selecting an educational placement for a student?

10. List some examples of specific services which might be recommended on a Total Service Plan.

11. What are some key questions to ask in the annual review?

12. What are the purposes and components of an Individual Implementation Plan?

ANSWER SHEET - POST TEST

1. Referral, assessment, instructional planning, placement, instruction review.

2. An IEP is a written statement developed in a meeting with a representative of the local educational agency, the teacher, the parent, and the child, where appropriate. The written statement includes documentation of decisions reached about objectives, content, implementation, and evaluation of the child's educational program.

3. The team approach to developing an IEP offers the opportunity to:

   1) Involve persons with a variety of competencies and skills in the decision-making process.

   2) Increase support for implementing decisions.

   3) Involve potential implementors in the decision-making process.

   4) Conform to due process guidelines.

4. Total Service Plan is long-term and is developed by the team; the Implementation Plan is short-term and developed by the teacher(s) and involved auxiliary services personnel.

5. Academic, social, self-help, psychomotor, vocational.

6. Adapted instruments, specialists familiar with differing cultural/language background to do the assessment, administering the tests in child's native language, interpreters, local norms, criterion referenced tests, developmental checklists, communication with parents in their native language.

7. Parents' primary concerns, teachers' primary concerns, developmental sequence of skills to be taught, behaviors most readily changed, critical needs involving risk to the child and/or others.

8. All four of the required components are included; they are related to assessment and goals; they build on student strengths.

9. Staff expectations, educational opportunities, normal living experiences, physical setting (range of movement and variety of activities), location in proximity with nonhandicapped or less handicapped peers, opportunities for interaction with nonhandicapped or less handicapped peers.

10. Transportation, speech/language therapy, voc/career counseling, physical/occupational therapy, adaptive PE, etc.

11. Is the child progressing toward objectives; can the child exit to another program; are adjustments to the plan required?

12. Describes what will happen in the classroom on a daily basis, details instructional events, developed for each annual goal. Short term objectives, instructional strategies, materials, measures of student progress.

APPENDIX IV

APPENDIX IV-A

Present Levels of Performance

Selected Assessment Strategies - Early Childhood and Severely Handicapped

AAMD Adaptive Behavior Scale

Two-part behavior rating scale which measures: 1) developmental skills/levels in ten areas and 2) social expectations of retarded persons. The ten areas in Part One are:

Independent Functioning, Physical Development, Economic Activity, Language Development, Number and Time, Domestic Activity, Vocational Activity, Self-Direction, Responsibility and Self-Direction.

Available from:

Edmark Associates
1329 Northup Way
Bellevue, WA 98005

Alpern-Boll Developmental Profile

Five areas are included in this inventory of skills for children ages 0-12½ years. The five areas are: physical, self-help, social, academics, and communications. The items are arranged in 6-month intervals from 0-3½ and thereafter in yearly intervals. The format is designed for an interview or to be self-administered by the child's parents.

Available from:

Psychological Development Publications
7150 Lakeside Drive
Indianapolis, IN 46278

Behavioral Characteristics Progression (BCP)

This criterion referenced tool for observation includes 2400 behaviors grouped into 50 strands which progress from simple to complex. Charts are used to record observations of behaviors the learner displays, across 59 skill areas.

Available from:

VORT Corporation
P. O. Box 11132
Palo Alto, CA 94306

Balthazar Scales of Adaptive Behavior

Two scales are available: Section I measures adaptive and functional behavior, and Section II measures social adaptation/copying skills. Designed for use with the severely and profoundly retarded, skill areas measured in Section I are eating, dressing, and toileting. Section II includes: unadaptive self-directed behaviors, unadaptive interpersonal behaviors, adaptive self-directed behaviors, adaptive interpersonal behaviors, verbal communication, play, response to instruction, and personal care. The scales depend heavily on direct observation of the subject in his/her natural environment.

Available from:

Consulting Psychologists Press, Inc.
577 College Avenue
Palo Alto, CA 94306

Basic Skills Screening Test

Seven skill areas are included in this device: sensory-motor, visual processing, auditory processing, language, symbolic operations, social-emotional, and work skills. Target behaviors are listed, and an 80% criterion for passing each item is specified.

Available from:

State of Nebraska
Dept. of Public Instruction
Office of Mental Retardation
Lincoln, NB

Bayley Scales of Infant Development

These standardized scales provide broad coverage of behaviors for age 2 mos.-30 months. No predictive validity is reported, but reliability is high and the standardization is well-done, using representative U.S. population, controlled for sex, race, and education of head of household.

Available from:

Psychological Corporation
304 E. 45th St.
New York, NY 10017

Cain-Levine Social Competency Scale

Designed for use with children ages 5-14, this scale is divided into five categories: personal care, mealtime skills, general tasks and responsibility, interpersonal skills, and communication. In the scoring, these five categories are recombined into domains of self-help, initiative, social skills, and development. An interview format is used, and some subjectivity of judgment is required.

Available from:

Consulting Psychologists Press, Inc.
577 College Avenue
Palo Alto, CA 94306

Callier-Azusa Scale

This scale was designed for multi-handicapped infants and young children, based on the program at the East San Gabriel Valley School for MH children and at the Callier Center for Communication Disorders (Dallas, Texas). Five areas are included: motor, perceptual, daily living, language, and socialization. Specific criteria for scoring are listed, and the specified behaviors are charted as they are observed.

Available from:

Callier Center for Communication Disorders
1966 Inwood Road
Dallas, Texas 75235

Camelot Behavior Checklist

This checklist is composed of 399 items grouped into ten major domains: self-help, physical development, home duties, vocational development, economic behavior, numerical skills, communication skills, social behaviors, independent travel, and responsibility. The items are scored on a "Can Do" (+) or "Needs Training" (-) scale, and are measured by direct observation and/or actual testing. Objectives can be developed directly from those items which need training.

Available from:

Edmark Associates
1329 Northup Way
Bellevue, WA 98005

Comprehensive Development Scale - Project MEMPHIS

Five developmental skill areas are included in this checklist, scored on a Pass-Fail basis. Ages at which the skills usually occur are listed. The five areas assessed are: Personal-social, gross motor, fine motor, language, and perceptuo-cognitive.

Available from:

Lear Siegler, Inc.
6 Davis Drive
Belmont, CA 94002

Denver Developmental Screening Test

Standardized tool to detect children with significant motor, social, and/or language delays. A series of developmental tasks and milestones is used to determine if a child's progress is in the normal range. It is not appropriate for use with minority children. Age range is from 2 weeks-6 years.

Available from:

Ladoca Project and Publishing Foundation
E. 51st St. and Lincoln St.
Denver, Colorado 80216

Developmental Pinpoints

The goal of this checklist is to list highly specific behaviors which are arranged in a format which tracks each skill over time, rather than following the chronological appearance of skill clusters. Twelve areas are included: fine motor, gross motor, information on body movement, range of motion, receptive language, expressive language, pre-reading, pre-writing, pre-math, music, self-help skills, social.

Available in:

Teaching the Severely Handicapped (Vol. I)
Norris Haring and Lou Brown (Eds.)
New York: Grune and Stratton, 1976

Diagnostic School - Ordinal Scales

Based on Piaget's constructs of cognitive development, these scales include: cognitive, speech and language, social-affective, educational, and learning style. Levels of development (emerging, transition, or mastery) are also assessed.

Available from:

Dr. Don Ashurst, Supt.
Diagnostic School for Neurologically
Handicapped - Southern California
4339 State University Drive
Los Angeles, CA 90032

Down's Syndrome Assessment Inventory Forms

Subtests of this inventory are divided into six age groups: infant, early preschool, intermediate preschool, advanced preschool, kindergarten, and primary. Within each age group, skills are broken into gross motor, fine motor, cognitive, language, and readiness.

Available from:

Experimental Education Unit
Child Development and Mental Retardation Center
University of Washington
Seattle, WA 98195

Koontz Child Development Profile

This test samples behavior from 1-48 months. Strengths of this tool include:

1) The range extends low enough for severely handicapped children.

2) The sample of items at each age level in each behavioral area includes several items.

3) A teacher can use this instrument and get helpful information.

Available from:

Western Psychological Services
12031 Wilshire Blvd.
Los Angeles, CA

Learning Accomplishment Profile

This criterion-referenced instrument focuses on using the context of the child's own environment and experiences. Skill areas covered include: gross motor, fine motor, self-help, social, cognitive, and language. Observation and task structuring skills for the teacher are presented in the manual. Items are scored + or - with space for comments. This instrument was developed by one of the seven exemplary BEH projects and covers ages 0-5.

Available from:

Kaplan School Supply Corporation
600 Jonestown Rd.
Winston Salem, NC.

Mecham Verbal Language Development Scale

This instrument is an extension of the communication portion of the Vineland Social Maturity Scale for ages 1 month-15 years and uses an interview format. Heaviest concentration of items is in the early childhood range, focusing on listening, speaking, reading, and writing. Scoring is: "can do," "cannot do," "emergent state."

Available from:

American Guidance Service, Inc.
Publishers' Building
Circle Pines, MN 55014

Monterey Pupil Developmental Progress Scale

Available in three levels covering ages 6 months to 14 years, this checklist provides a criterion and work-referenced scale of essential skills.

Available from:

Monterey County Office of Education
Special Education Department
P. O. Box 851
Salinas, CA 93901

Neonatal Behavioral Assessment Scale

This 9-point rating scale, administered to newborn infants, rates 27 behaviors. The infant's best responses are recorded, and the examiner is instructed to explore what supportive tactics or positions will maximize responses. An assessment done in the first week of the child's life correlates highly with performance at 8 months and even as high as 8 years.

Available from:

J. B. Lippincott
East Washington Square
Philadelphia, PA 19105

Pennsylvania Training Model - Individual Assessment Guide

This model has four steps: 1) overview of child's skill development, 2) each skill area is broken into fine developmental units 3) each fine developmental unit is task analyzed; and 4) objectives and strategies are specified. Skill areas assessed are: sensory, motor, self-care, communication, perceptual - cognitive, and social interaction.

Available from:

Pennsylvania Training Model
Pennsylvania Department of Education, Bureau
of Special and Compensatory Education
123 Forster St.
Harrisburg, PA 17102

Portage Guide to Early Education

This checklist covers ages 0-5 in five areas of behavior: cognition, self-help, motor, language, and socialization. Items are scored either by observation or interview with the child's parents. The Portage Guide was developed by one of BEH's exemplary early childhood projects.

Available from:

Portage Project
CESA 12
412 E. Slifer St.
Portage, WI 53901

Radea

This program covers ages 0-7 in five main areas: visual perception, auditory perception, perceptual motor, oral language, functional living, and special problems. The instructional program is based on Piaget, in that it progresses from concrete, to representation, to symbolic; 564 developmentally sequenced skills are included.

Available from:

Melton Book Company
111 Leslie Street
Dallas, TX 75207

Santa Clara Inventory of Developmental Tasks

Age range for this observational guide of developmental tasks is 0-7 years. Areas measured include: motor coordination, visual-motor performance, visual perception, visual memory, auditory perception, auditory memory, and conceptual development.

Available from: R. L. Zweig Associates
20800 Beach Blvd.
Huntington Beach, CA. 92648

Special Education Objective Development Program

This checklist covers six areas: self-help, social, language, academic, motor, and leisure time. It is designed primarily for older, severely handicapped students.

Available from:

Pupil Personnel Services
Tacoma Public Schools
Tacoma, WA

System Fore

This criterion-referenced system covers reading, language, and math skills arranged in sequence. Ages 0-16 are included.

Available from:

FOREWORKS
7112 Teesdale Ave.
N. Hollywood, CA 91605

TARC

This short-form behavioral assessment was developed to provide a quick assessment stressing observable and measurable behaviors. The system is based on observation done over a period of three weeks. The data are then transferred to the inventory which includes rating at a developmental level and class of skills.

Available from:

H & H Enterprises, Inc.
P. O. Box 3342
Lawrence, KS 66044

TMR Performance Profile

This scale was designed to provide performance items prepared to be within the limits of the abilities and typical experiences of the severely retarded. The six major areas include: social behavior, self-care, communication, basic knowledge, practical skills, and body usage. Each major area is subdivided into four topics with 10 sequenced items each.

Available from:

Reporting Service for Children
563 Westview Ave.
Ridgefield, NJ.

Uzgiris-Hunt Ordinal Scales

Seven scales for assessing an infant's performance, using a coherent sequence of ordered levels based on Piaget, are included: visual pursuit and permanence of objects, means for obtaining desired environmental events, development of gestural imitation, vocal imitation, operational causality, object relations in space, schemes for relating to objects.

Available in:

Assessment in Infancy
Ina Uzgiris and J. Mc V. Hunt
University of Illinois Press ,1975
Urbana, IL.

Uniform Performance Assessment System

UPAS is designed to measure performance in handicapped individuals from birth to the age of marketable vocational skills abilities. Skill areas to be measured include: gross motor, pre-academic, academic, social/self-help, communication, physical fitness, vocational and independent living skills. administered four times a year. Although it follows the general sequence of normal development, it measures the child's performance against an ultimate functioning goal--self-sufficiency within the community.

Available from:

Experimental Education Unit
Child Development and Mental Retardation Center
University of Washington
Seattle, WA

Vineland Social Maturity Scale

This scale measures social competencies from birth to maturity. The items are developmentally sequenced for the areas of self-help, self-direction, locomotion occupation, communication, and social relations. The format is an an interview, scored by (+), (-) or "emerging state."

Available from:

American Guidance Service
Publishers Building
Circle Pines, MN 55014

APPENDIX IV-A

Additional Readings/Resources

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APPENDIX IV-B

Additional Readings/Resources

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APPENDIX IV-C

Additional Readings/Resources

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APPENDIX IV-D

Placement Alternatives

The following abstracts include federally-funded projects (BEH and Title VIB) both nationally and in California. The projects outside California are those that were mentioned in the text or have received national recognition for the quality of their services. A sample of California Title VIB and Title VIC programs is listed, based on program descriptions available from the State Department of Education. At the time of this writing, all projects were operating, but some changes are anticipated. The projects listed are grouped by their primary objectives. If you are interested in visiting some of the sites, be sure to get the latest information on each project by contacting the person listed.

Emphasis	Project name & address; contact person	Age and type of handicaps served	California Title VI-B Programs--Severely Handicapped Program Description	Assessment & curriculum materials available	Type of service delivery	* Outreach/ training capability
Preparation for Less Restrictive Programs	E. San Gabriel Valley School for Multi-handicapped Children 4400 N. Roxburgh Covina, CA 91722 Donald Welch	3 - 8, multi-handicapped, deaf-blind,	Each child is assessed by an interdisciplinary team, and an individual plan written and implemented. Comprehensive services are offered, and parent counseling/ training is provided.	An Educational Program for Multi-handicapped children (includes goals, objectives, profiles, learning experiences, materials)	center-based	
Diagnostic Prescriptive	Newark Unified 5715 Musick Ave. P.O. Box 385 Newark, CA 94560 Joseph Roberts	elementary severely emotionally disturbed	Individualized learning plans will be developed in the area of academic, social, and perceptual skills, using CSDC assessment model. Weekly psychotherapy for pupils will be provided.		center-based	
	Santa Clara Unified 100 Skyport Dr. San Jose, CA 95110 Charles Wrieden	6 - 10, severely emotionally disturbed	An educational assessment will lead to an individualized academic program coordinated with the behavior treatment program at a Short-Doyle treatment unit. Parents will receive training in maintaining the program in the home environment.		center-based	
	Ventura Unified Schools (Camarillo Developmental Disabilities Center) 535 E. Main County Office Building Ventura, CA 93001 George Linn	deaf, multi-handicapped	Individualized plans will be developed in the areas of language, perceptual-motor skills, socialization and self-help.		residential	
	Kings County Schools Courthouse Box C 1144 Lacey Blvd. Hanford, CA 93230	3 - 18, developmentally delayed	Interagency effort to design a curriculum and implement a program for the developmentally delayed		center-based	
	San Bernardino County Schools 602 S. Tippecanoe San Bernardino, CA 92415 Lucy Siegrist	developmentally delayed	40 unserved children will receive services; a curriculum will be designed to meet individual needs.			

*When this box is checked, the (✓) indicates that outreach/training activities are available as a regular part of the program.

Emphasis	Project name & address; contact person	Age and type of handicaps served	Program Description	Assessment & curriculum materials available	Type of service delivery	Outreach/ training capability
Replication of DASIE	Lassen County Schools 720 Richmond Rd. Susanville, CA 96130 Earl Sage	developmentally delayed	A development center program will be established using the DASIE instructional management system.		center-based	
	Orange County 1250 S. Grand P.O. Box 11846 Santa Ana, CA 92711 Don Reed	severely handicapped	Instructional programs for 55 students from convalescent hospitals will be designed, implemented, and monitored using DASIE.		center-based	
	Riverside County Schools 4015 Lemon St. P.O. Box 868 Riverside, CA 92502 John Wightman	severely handicapped, non-ambulatory	Individual programs will be set up at the Convalescent Hospital using DASIE.		center-based residential	
	Grossmont Union High Schools P.O. Box 1043 La Mesa, CA 92041 Ronald Blazovic	high school age, developmentally delayed	Students from regular high schools will serve as assistants in classes which will use DASIE for instructional management.		center-based	
	San Diego City Unified Schools 4100 Normal St. San Diego, CA 92103 Raymond Campbell	OMR	Teachers will provide instruction to parents and students in their home, using the DASIE model		home-based	
Behavior Analysis	Cajon Valley Union Elementary Schools 189 Roanoke Rd. P.O. Box 1007 El Cajon, CA 92022 William Stainback	developmentally handicapped	Children will be admitted to a behaviorally structured classroom emphasizing self-help, communication, and fine/gross motor training.		center-based	
Autism	Santa Barbara County Schools 4400 Cathedral Oaks Santa Barbara, CA 93111 Joseph Pasanella	emotionally disturbed (autistic)	Training for teachers, mainstreaming for autistic-like high school age children, intensive educational program including pre-vocational skill training are provided in this program.		center-based	✓

Emphasis	Project name & address; contact person	Age and type of handicaps served	Program Description	Assessment & curriculum materials available	Type of service delivery	Outreach/ training capability
Community Living Skills	Sonoma County Schools County Administration Center, Room 111 E Santa Rosa, CA 95401 Robert Reiland	upper age mentally retarded pupils	Emphasis of the project will be on providing community living skills educational services and training. Elements of the program will include training in personal hygiene, personal finances, use of public transportation, recreation facilities, etc.		center-based	
Vocational Training	Ventura Unified Schools 120 E. Santa Clara St Ventura, CA 93001 David Baarstad	16 - 19, EMR, LD and ED	Vocational training in four sequenced steps and on-the-job training with direct supervision for 26 studetns.		residential	

Emphasis	Project name & address; contact person	Age and type of handicaps served	Severely handicapped programs outside of California Program Description	Assessment & curriculum materials available	Type of service delivery	Outreach/ training capability
Normalization	ENCOR 885 S. 72nd St. Omaha, NB 68114 Bonnie Shoultz	18 mos. - 16 yrs., developmental delay	A community-based program providing residential, educational, vocational, and guidance services designed to provide continuity of service leading to normalized independent living. Areas of emphasis include social development, pre-vocational skills, language, conceptual and motor development, and self-help skills.	Evaluation, Planning and Reporting Procedures and Forms (Vocational Education)	direct and indirect (support for teachers of children in integrated settings)	
Mainstreaming	Madison Alternative for Zero Exclusion (MAZE) 501 E. Badger Rd. Madison, WI 53713 T. Timothy Crowner	3 - 22, cross-categorical	Services provided include: instructional programs, speech and language therapy, physical therapy, occupational therapy, medical consultation, behavioral consultation. The M.A.Z.E. Project contains four instructional units organized on the basis of age and/or functional ability. There are 210 students within those units which are spread among six locations. The professional staff consists of classroom teachers, program support teachers, a secondary resource teacher, physical therapists, occupational therapists, speech and language therapists, psychologists, social workers, a visually impaired instructor, music teachers, art teachers, and adaptive physical education teachers. In addition, the technical staff consists of a behavioral consultant, a medical consultant, several curriculum consultants, a media specialist, audio visual consultants, an outside evaluator, and an editor. While some students require feeding and toilet training programs, others are being prepared to enter work-study programs for the moderate to mildly retarded. Although services are provided to this complete range of students, the emphasis of the M.A.Z.E. Project is the severely handicapped child.	Project MAZE: Screener	center-based	

Emphasis	Project name & address; contact person	Age and type of handicaps served	Program Description	Assessment & curriculum materials available	Type of service delivery	Outreach/ training capability
Service Delivery in Rural Areas	Project MESH 320 N. 29th St. Parsons, KS 67357 C. Robert Campbell	3 - 18	Four project units provide instruction in: Survival Skills and Program Technology, Vocational, Communication, and Academics. A process called "mechanical reading" using task analyzed sequences of pictures teaches food preparation, domestic skills, and complex assembly tasks. Additional innovative programs are provided in language (oral and non-oral) and academics.	Project MESH Communication Evaluation System	center-based	✓
Instructional approaches	Center for the Severely Handicapped Experimental Education Unit, WJ10, University of Washington Seattle, WA 98195 Norris Haring	3 - 22	The center screens 1,000 children annually and places at least 100 in appropriate programs. Each pupil entering the center is carefully assessed to determine his level of functioning and to estimate independent academic and/or vocational goals. Individual programs geared to skill level and stated goals are devised and implemented with periodic formal assessment and continuous observation to monitor the pupils' progress toward long and short term goals. Instructional procedures and materials devised and tested in the classroom focus on developing those skills and behaviors deemed appropriate for the child with reference to his particular developmental level, handicapping condition, and job requirements. A primary goal is to place 67 project youth in work situations each year after they have been in the vocational education program designed to develop independent living skills with work related behaviors. A program for social services is conducted for families of children enrolled in the center. Home visits, parent training, and counselling are all part of a concerted effort to coordinate school-home programs geared to making the parents of pupils serve in the programs as skilled child behavior managers. The goals of the center are: to extend services in order to reach all types of developmentally disabled children; to increase the number of severely handicapped children served; to coordinate activities with other community resources; to coordinate services so that there is medical, nursing and social work input; and to develop a method of systematic follow-up for graduates. Yearly the center provides at least 100 pupils with educational programs designed to integrate them through prescriptive programming into the community. A diagnostic classroom for children from birth through four years provides precise diagnostic and intervention prescription. Those children who require long term services are retained in experimental education classroom unity.	Developmental Pinpoints, Objectives Form Skill Inventory Assessmentaire (vocational) Learner Profile Plan Sheet Down's Performance Inventory and Notes for Users	center-based	✓

Emphasis	Project name & address; contact person	Age and type of handicaps served	California Title VI-B Programs - Early Childhood Program Description	Assessment & curriculum materials available	Type of service delivery	Outreach/ training capability
Early Intervention	Project HELP Humboldt-Del Norte Master Plan P.O. Box 1408 Eureka, CA 95501 Dewell Byrd	0 - 3, cross-categorical	Community wide identification program with assessment to determine placement in community resources.		indirect	
	Compton Unified School District 504 S. Tamarind Compton, CA 90220 Donald Hodes	0 - 3, cross-categorical	Identification, diagnosis, remediation, and referral for 75 unserved handicapped children will be provided in the Watts-Compton area. Home/ school/ institutional programs will be coordinated.		center-based and home-based	
	Ocean View School District 7972 Warner Ave. Huntington Beach, CA 92647 Rose Lee	0 - 3, cross-categorical	Liaison with community resources, home and school based instruction, and individualized programming are provided.		center-based and home-based	
	Riverside County Schools 4015 Lemon St. P.O. Box 868 Riverside, CA 92502 John Wightman	0 - 3, hard of hearing	Replication of Marin County Curricular Project for Deaf Children. Parents receive training in management of instruction at home.		center-based	
	Santa Barbara County Schools 4400 Cathedral Oaks Rd Santa Barbara, CA 93111 Joseph Pasanella Dennis Kelleher	0 - 2, multi-handicapped	Implementation of referral procedures for identified infants and parents so that they can receive assessment, intervention, support services, and parent education.		center-based and home-based	
	Yolo County Schools 500 First St. Woodland, CA 95695 James W. Serry	0 - 3, developmentally delayed	Services to 40 children and parents to reduce developmental delays, measured by Bayley and REEL scales pre and post.		center-based	
Mainstreaming	Los Angeles Unified 450 N. Grand Ave. P.O. Box 3307 Terminal Annex Los Angeles, CA 90051 Robert Williams	cross-categorical	146 unserved preschoolers will receive training in adaptive behavior, communication skills, and academic skills.		center-based	

Emphasis	Project name & address; contact person	Age and type of handicaps served	Program Description	Assessment & curriculum materials available	Type of service delivery	Outreach/ train[illegible] capab[illegible]y
Main-streaming (cont'd)	Escondido Union Elementary 980 N. Ash St. Escondido, CA 92027 Robert Shafer	3 - 5, hyper-kinetic	Intervention techniques aimed at promoting positive class-room conduct are used, en-abling children to move into regular classes with a greater degree of success. Parents are taught to re-inforce behaviors at home that are taught in school.		center-based	
	ABC Unified 16700 S. Norwalk Cerritos, CA 90701 Robert Williams	0 - 3, cross-categorical	30 children of varying handi-caps will be integrated with non-handicapped children for modeling purposes. Program includes diagnosis and individualized instruction.		center-based	
	Project SWIM Napa Co. Schools 4032 Maher St. Napa, CA 94558 Bernice Braby	18 mos. - 5 yrs. cross-categorical	Individualized instruction for 30 children in an inte-grated setting; comprehensive services to children and parents.		center-based	
	San Benito County Schools 460 Fifth St. Hollister, CA 95023	cross-categorical	Integration of more than required 10% into an existing Head Start program. Weekly parent counseling is pro-vided.		center-based	
Diagnostic/ Prescrip-tive	Redondo Beach City Elementary 1401 Inglewood Ave. Redondo Beach, CA 90278 James R. Orr	2 - 5, EMR, LD, and ED	Comprehensive diagnosis to determine extent and cause of delayed development. Pre-scriptive treatments will be designed in the areas of language, conceptual develop-ment, physical health, and social and emotional develop-ment.		center-based	●
	San Francisco Unified 135 Van Ness Ave. San Francisco, CA 94102 Martin Dean	3 - 5, TMR	Areas of concentration in-clude self-help skills, gross motor development, auditory and visual perception.		center-based	
	Newport-Mesa School District P.O. Box 1368 Newport Beach, CA 92663	3 - 5, develop-mentally delayed	30 unserved children will receive instruction in speech and language, per-ceptual development, physical development, social/ emotional development.		center-based	
	Alum Rock Union Elementary 2930 Gay Ave. San Jose, CA 95127 Theodore Fong	3 - 5	Intensive educational and developmental assessment leading to development of an educational plan.		center-based	
	Oceanside City Unified Schools 2111 Mission Ave. Oceanside, CA 92054 David Levy	3 - 5, TMR	Replication of Monterey County Comprehensive Curriculum for 12 children to develop plans and inter-vention based on identified needs.		center-based	●

Emphasis	Project name & address; contact person	Age and type of handicaps served	Program Description	Assessment & curriculum materials available	Type of service delivery	Outreach/ training capability
Diagnostic/ Prescriptive (cont'd)	Pajaro Valley Unified Schools 165 Blackburn St. P.O. Box 630 Watsonville, CA 95076 William Boone	18 mos. - 3 yrs., atypical and developmentally delayed children.	Special emphasis on identification of child's needs and prescription of objectives and activities. Community resources will be used.		center-based	
Infant Stimulation	Ontario Montclair Elementary Schools 950 W. D St. P.O. Box 313 Ontario, CA 91761 Jack Hassinger	0 - 3	DASIE will be used to monitor progress; services to 70 unserved infants.		center-based	
	Fresno Unified Schools Education Center Tulare and M Sts. Fresno, CA 93721 Richard Kisling	0 - 3, multi-handicapped	40 infants will be served in a multidisciplinary, multi-agency approach, emphasizing sensorimotor and language development.		center-based	
	San Juan Unified Schools 3738 Walnut Ave. Carmichael, CA 95608 Ralph Richardson	3 - 6, developmentally delayed children	16 children will be served in a school program which encourages parent participation and follow-up at home.	San Juan Developmental Progression Chart Curriculum guide	center-based	
	Sacramento County Schools 6011 Folsom Blvd. Sacramento, CA 95819 Arthur Johnson	0 - 3, developmentally delayed	Program components include: county-wide referral system, home intervention, pediatric therapy, parent education and counseling and a toddler program based on the San Juan materials.		home and center-based	
	Pasadena Unified Schools 1570 E. Colorado Blvd. Pasadena, CA 91106 Frank Welch	18 mos. - 3 yrs., developmentally delayed and physically handicapped	Intensive daily stimulation program.	Curriculum guide	center-based	
	Riverside County Schools 4015 Lemon St. P.O. Box 868 Riverside, CA 92502 John Wightman	0 - 3, multi-handicapped and high risk	Direct motor and sensory stimulation of infants; parent training program.		center-based	

Emphasis	Project name & address; contact person	Age and type of handicaps served	Program Description	Assessment & curriculum materials available	Type of service delivery	Outreach/ training capability
Infant Stimulation (cont'd)	Tulare County Schools 202 County Civic Center Visalia, CA 93277 Guy Chapman	18 mos. - 3 yrs., severely handicapped	A team effort including parents will offer activities in motor, communication, self-help, affective, and cognitive development to ten infants. Individual pupil progress and parent attitude changes will be recorded.		center-based	
Behavior Analysis	Sonoma County Schools County Administration Center, Rm.111E Santa Rosa, CA 95401 Robert Reiland	3 - 5, autistic and severely delayed children	Behavior Analytic Teaching strategies will be tailored to the individual needs of 12 children. Evaluation of effective teaching procedures will also be conducted.		center-based	
Language	La Mesa - Spring Valley Elementary Schools 4750 Date Ave. P.O. Box 457 La Mesa, CA 92041 Martin Gerstein	0 - 5, speech impaired	Speech and language therapy and sensorimotor integration training will be initiated for 30 children. Individual one-hour therapy sessions 4 times a week, and large group classes from the OT once a week.		center-based	
	Cajon Valley Union Elementary Schools 189 Roanoke Rd. P.O. Box 1007 El Cajon, CA 92022 William Stainback	3 - 5, aphasic	Intensive language training for 6 unserved severe oral language handicapped children and integration into normal preschool program.		center-based	
Parents As Teachers	Project Hope San Diego County Schools 6401 Linda Vista Rd. San Diego, CA 92111 Virginia McDonald	0 - 5, cross-categorical	Replication of the Portage Project which includes weekly visits to the home to teach parents how to teach their children and record progress. Parent education classes are provided.		home-based	

Emphasis	Project name & address; contact person	Age and type of handicaps served	Program Description	Assessment & curriculum materials available	Type of service delivery	Outreach/ training capability
Parents As Teachers	San Bernardino County Schools 602 S. Tippecanoe San Bernardino, CA 92415 Lucy Siegrist	0 - 4, multi-handicapped	Parent/child counseling and individualized home intervention will be emphasized. Videotape recordings will be used in parent training. Educational and developmental components include: social-emotional, language, cognitive sensorimotor, and independent living skills.		home-based	
Training	Project TRIP Tehama County Department of Education P.O. Box 810 Red Bluff, CA 96080 Maggie Phillips	0 - 4½, cross-categorical	This program provides training for implementation of a rural itinerant teacher model. Direct services are also provided to children, with an itinerant teacher visiting each child's home weekly and helping parents with intervention tasks in the areas of motor, social, and language development skills.		home-based (direct services) workshops, conferences, demonstrations, (training)	

Emphasis	Project name & address; contact person	Age and type of handicaps served	California Title VI-C Handicapped Children's Early Education Programs Program Description	Assessment & curriculum materials available	Type of service delivery	Outreach/ training capability
Mainstreaming	Handicapped Early Childhood Assistance Child Care and Development Services Child Care Division 1450 W. Venice Blvd. Los Angeles, CA 90006 Ellen Lind	2 - 6, emotionally disturbed	30 children receive individualized instruction in an integrated setting with normal children. Parent education and home visits are also provided.	Responsive Play model with specific activities and intervention techniques	center-based	✓
	Circle Preschool 9 Lake Avenue Piedmont, CA 94611 Jack Hailey	3 - 5, children with language, emotional, physical or mental handicaps	25 children attend class 3 hours per day, 5 days per week, in preparation for normal placement in kindergarten and elementary school. Home activities and parent involvement are additional program features.	Classroom screening instrument Skills assessment list Curriculum of lesson plans	center-based	✓
	Accountable Re-Entry Model (ARM) Behavioral Sciences Institute 72 Fern Canyon Rd. Carmel, CA 93921 Bruce Ryan	4 - 8, cross-categorical	Classroom is structured around 1 teacher and 1 aide, with 10 children per class. Schedule includes a two-hour class in the morning and one in the afternoon; one hour is allotted to academics with 20 minutes each for motor skills, story-environmental exposure guided free activity and social interaction in each session.		center-based	
	DEAL Special Education Division, Room H-104 LAUSD P.O. Box 3307 Terminal Annex Los Angeles, CA 90051 Bea Gold	3 - 11, minimal to severe, cross-categorical	In this integrated setting, children experience both an open-structured environment (option) and a teacher-structured plan (formal). Option stresses self-concept, decision-making and independence; formal stresses basic skills. A parent education program is also stressed.	Some materials and a 10-minute film	center-based	✓

Emphasis	Project name & address; contact person	Age and type of handicaps served	Program Description	Assessment & curriculum materials available	Type of service delivery	Outreach/ training capability
Mainstreaming (cont'd)	Outreach Preschool Program. Casa Colina Hosp. Children's Developmental Services 255 E. Bonita Ave. Pomona, Ca. 91767 Elizabeth M. Neuman	18 mos. - 5 yrs. children with physical and neurological handicaps	40 children mainstreamed in regular classrooms receive diagnostic and curriculum planning services through consultation with their teachers. Emphasizes a "transdisciplinary" approach.	Competency Curriculum	Center-based	✓ (2)
Early Intervention	Model Infant-Family Project California State Univ. - L.A. 5151 State Univ. Dr. Los Angeles, Ca. 90032 Patricia Simmons	0-3, children who are blind, deaf, deaf-blind, high-risk, multi-handicapped, physically handicapped, mentally retarded, and emotionally disturbed.	24 children receive comprehensive services (p.t., o.t., audiological and psychological) and instruction (language, sensorimotor cognitive) in a setting designed to support the child and his family.		Center-based	✓
	A Typical Infant Development and Educational System (AIDES) Wintun School NAPA County Office of Ed. 74 Wintun Court NAPA, Ca. 94558 Sarge Kennedy	0-5, Cross-categorical	Emphasis is on using community services, training parents, establishing basic developmental training and handling techniques. With early intervention, the goal is to facilitate entry into regular school classes or require less intensive special services.		Center-based	
Multicultural	El Arca 801 S. Garfield Ave. Alhambra, Ca. 91801 Jo Ann Nulman	Infant, Multi-handicapped	Emphasis is on planning bilingual programs for handicapped children in a low income Chicano community. Screening diagnosis and treatment are provided for children, and parent training allows programs to be carried out in the home.		Center-based	

Emphasis	Project name & address; contact person	Age and type of handicaps served	Program Description	Assessment curriculum materials available	Type of service delivery	Outreach/ training capability
Behavior Analysis	Early On Longfellow School 5055 July St. San Diego, CA 92110 Don McClard	18 mos. - 8 years, children with functional physical or mental handicaps, combinations of handicaps of such severity that services are unavailable, or those who have been excluded.	Behavioral assessment, educational planning, and prescriptive education are provided in home or school setting or a combination. Interdisciplinary teams are staffed by school, social, and health agency personnel.		center based and home based	✓
High Risk	Infant Special Education Project Family Development Center 1855 Folsom St. San Francisco, CA 94103 Judy Lewis	0 - 18 mos. -- infants born at risk for CNS damage due to prematurity, respiratory distress hyperbilirubinemia, drugs, malnutrition, etc.	Developmentally-oriented therapeutic program to prevent learning disabilities and retardation is conducted 3½ - 4 hours per day, 5 days a week. Parents are asked to spend 1 hour per week in a parent group and additional time in the center. The goal is to improve the child's central organizing and integrative processes, attention, orientation, and ability to sustain goal-oriented behavior.		center based	
Parent Training	NOW-Early Childhood Treatment Program Dubnoff Center 10526 Victory Pl. N. Hollywood, CA 91606 Ruth Pearce	0 - 5, children with physical, emotional, or cognitive disability	Training for teachers and teenage mothers in care for handicapped children is provided.		center based	✓
Services For The Deaf	Mental Health Principles and Early Education for Deaf Children Mental Health Services for the Deaf University of California San Francisco, CA 94122 Hilde Schlesinger	0 and above, children with hearing impairment	This project provides counseling, coordination of educational, audiological and health services, individual and group guidance for parents, and training in mental health principles related to deafness.	Videotapes: "Language Acquisition of Young Deaf Children" "Parent Reactions to Early Childhood Deafness"	center based	✓

Emphasis	Project name & address; contact person	Age and type of handicaps served	Program Description	curriculum materials available	service delivery	training capability
			*For more in-depth descriptions and a large sample of programs, Early childhood programs for the severely handicapped (CCRRC, 1976) is an excellent resource and has been adapted for the descriptions provided here.			
Parent as Teachers	Portage Project 412 E Slifer Street, Portage, WI 53901 David Shearer	0 - 5 cross-categorical	The Portage Project is a home teaching program serving handicapped pre-school children in a rural setting. Utilizing the Portage Home Teaching Model, the program provides individualized, accountable data base services to children and their families, with the parents serving as the child's primary teacher. A home teacher visits each child for 1½ hours once a week with each teacher serving between 12 to 15 children and families. Based on the child's present behavior, 3 to 4 appropriate teaching tasks selected from developmental areas are targeted each week. Each task is written on an activity chart. Baseline data are taken in each activity to determine its appropriateness and the child's initial performance level. The home teacher demonstrates for the parent how to teach and record each activity. Then the parent models the teaching procedure, with the home teacher commenting and reinforcing the parent. The parent and home teacher review each activity and recording procedure to answer any questions. The parent serves as the teacher for the remaining week. On the next home visit, the home teacher records post baseline data on each activity for the previous week. This feedback provides an evaluation of the child's performance as well as providing a basis for curricula modification.	Portage Guide to Early Education	home-based	✓
Deinstitutionalization, foster homes, adoption	Project MEMPHIS Dept. of Special Ed. & Rehabilitation Memphis State Univ. Memphis, Tennessee 38152 Alton Quick	0 - 5 cross-categorical	Through educational intervention and remediation, Project MEMPHIS assists in facilitating legal adoption, preventing institutionalization, returning the youngster to his natural home, or placing him in a regular school class. The Project also serves the child's foster and/or natural parents in attempting to develop effective methods of training concerning their roles of "care-effector" and "home-teacher" of the exceptional child. Both the child and parent are seen twice each week, once in the treatment center and once in the home. A comprehensive set of lesson plans has been developed and is used as the Project's basis for teaching methodology and materials. Sessions are periodically video-taped in order to document and evaluate progress of the children as they proceed through the training program. The instructional program for developmentally delayed children is based on training in five development areas: personal-social skills, fine motor skills, gross motor skills, language skills, and perceptuo-cognitive skills. The approach is a combined developmental task analysis approach, using the MEMPHIS Model of Individual Program Planning and Evaluation, a three-step system of developmental educational assessment and educational program planning for the pre-school level exceptional child.	Comprehensive Development Scale Developmental Skill assignment Record Continuous Record for Educational-Developmental Gain Lesson Plans	center-based	✓

Emphasis	Project name & address; contact person	Age and type of handicaps served	Program Description	Assessment & curriculum materials available	Type of service delivery	Outreach/ training capability
Main-streaming and Less Restrictive Placements	Coordinated Early Education Program ENCOR 885 S. 72nd Omaha, NB 68114 Bonnie Shoultz	0 - 5, mentally retarded	CEEP is made up of two basic components: Home Training and Integrated Preschool Programs. (1) The purpose of the Home Training Program is to prepare both the retarded infant and the family for the child's eventual move to integrated early education programs. CEEP Home Training Teachers visit the child's home on a weekly schedule to provide instruction to parents related to the development of their delayed infant. Direct observation of the child's performance relative to the mutually developed teaching plans is part of the Home Training Teacher's responsibility. (2) Through the project, ENCOR has developed an extensive network of collaborating preschool and day care centers in the region. These generic early education programs enroll mentally retarded students. CEEP support of retarded children in generic programs takes one of these forms: (a) For multi-handicapped children requiring intensive training and architectural modification, CEEP has arranged with two regular centers to set aside previously unused classrooms for the use by and teaching of these children. The program variation is called the cooperative classroom and allows for the delivery of physical and occupational therapy by CEEP teachers and therapists. The classrooms also create a permeable boundary with the rest of the center, allowing for easy movement of both handicapped and non-handicapped children between the specialized rooms and the standard areas of the regular center. (b) In the basic program type, retarded children participate fully in the regular center activities. Resource teachers employed by CEEP are assigned full-time to the collaborating preschools to supplement the regular program activities with daily individualized instruction as indicated by frequent assessments of each child's needs. A major responsibility of the resource teacher is to manage and maintain the integration process, which involves among many other activities, close and continuous association with the regular program staff and students. (c) When a child progresses to the point where he/she no longer requires the daily support of a CEEP Resource Teacher, the child moves into a preschool supported by an Itinerant Resource Teacher. The itinerant teacher visits the child's center once or twice a week, observes the child's behavior, and consults with the regular staff to assure the continued educational growth of the child.	Guidelines for Parent Involvement in Home Training Guidelines for Home Training Visits Evaluation by Parents Parent Involvement Checklist-CEEP Instructions for Observation of Parents Skills Position Paper-The Core Teaching Team Student Evaluation Forms-CEEP Developmental Checklist Sensorimotor Assessment Competency Packet	Home and center-based	✓

Emphasis	Project name & address; contact person	Age and type of handicaps served	Program Description	Assessment & curriculum materials available	Type of service delivery	Outreach/ training capability
Mental health services	Rutland Center 698 N. Pope St. Athens, GA 30601 William Swan	0 - 18, seriously emotionally disturbed or behavior disordered	Rutland Center is a community-based facility which combines professional mental health and special education personnel in a cooperative program of psychoeducational service to seriously emotionally disturbed or behaviorally disordered children, birth to 14 years, their parents and teachers. It also serves less severely handicapped preschool children in normal day care settings. The center operates through three basic components: intake and diagnostics, psychoeducational services to children and families and school follow-through. Rutland Center utilized the Developmental Therapy curriculum which is composed of four curriculum areas (Behavior, Communication, Socialization, and Academics) arranged in five distinct developmental stages, each requiring a different psychological emphasis, and different techniques, materials and experiences. Special services to parents are an integral part of the treatment model and are provided by the treatment team. To strengthen relationships between the child's regular school teacher and his Rutland Center team, Rutland Center provides a school follow-through program. Projections for programs utilizing the model in 1976 include 23 programs in 9 states, in addition to 24 centers in Georgia.	Rutland Center Model for Treating Emotionally Disturbed children (includes Educational Assessment, Developmental Therapy Objectives, Systematic who-to-whom analysis notation)	Community/ center-based	✓
Behavior Analysis	Model Preschool Center for Handicapped Children Experimental Education Unit, (DURC, WJ-10) University of Washington, Seattle, Washington 98195 Alice Hayden	0 - 5, cross-categorical	Service-primary assessment, remediation, follow-up is provided for approximately 190 children annually in the pre-school program. Hundreds of other children are served in "outreach programs" replicating procedures developed and used at the Model Preschool Center.	Observation screening form Preschool Profile Uniform Performance Assessment System Communication Model Guide for Observing a Preschool Child Infant Learning Package Let's Cook ... and Teach Preschool Skills Classroom Behavior and Management Model Teaching Prepositions to Down's Syndrome Children What's A Child To Do Indian Head Start Assessment Report Clothes Fastening Program	center-based	✓

Emphasis	Project name & address; contact person	Age and type of handicaps served	Program Description	Assessment & curriculum materials available	Type of service delivery	Outreach training capability
Behavior Analysis (Cont'd)	Teaching Research and Child Center Todd Hall Monmouth, Or. 97361 H.D. Fredricks	0 - 18, severely handicapped	All classes are data based in that they are dependent upon continuous evaluation techniques which monitor each child's behavior for the purpose of facilitating approopriate instructional decisions. They use a prescriptive curriculum and individual programming. The curriculum, The Teaching Research Curriculum for Moderately & Severely Handicapped, encompasses the skill areas of self-help, receptive and expressive language, gross and fine motor and cognitive development. Terminal behavioral objectives are included for each skill area and in addition, complete task analyses, reduced to a degree suitable for the most severely handicapped child are provided. Placement in the Curriculum is facilitated by a pretest and for pupils whose skill level is beyond the Curriculum, programs are conducted in Distar or other commercially produced materials.	Teaching Research Curriculum for moderately and severely handicapped teaching research pretests	center-based	✓
Collaboration and outreach with Head Start	Chapel Hill Training Outreach Project Merritt Mill Road Chapel Hill, N.C. 27514 Anne Sanford	0 - 9, cross-categorized	The interdisciplinary development of materials, curriculum, and methodology is extended to personnel working with young handicapped children and their families in K-3 public school classrooms, developmental day care centers, Head Start Centers, and other agencies serving young children with special educational needs.	A model for resource services to the young handicapped child in a public school setting (includes informal evaluation checklist) Learning Accomplishment Profile. A planning guide: The preschool curriculum learning activities. Year end evaluation and follow-up sheet.	indirect	✓

APPENDIX IV-D

Additional Readings/Resources Early Childhood

Allen, K.E. Systematic grouping of handicapped and non-handicapped preschool children. Paper presented at the 98th annual meeting of American Association on Mental Deficiency, Toronto, June 1974. (From Allen, K.E., Department of Human Development, University of Kansas, Lawrence, Kansas.)

Allen, K.E., Benning, P.M., & Drummond, T.W. Integration of normal and handicapped children in a behavior modification preschool: A case study. In G. Semb (Ed.), Behavior analysis and education. Lawrence, Kansas: University of Kansas Press, 1972.

Apolloni, T., Cooke, S.A., & Cooke, T.P. Establishing a normal peer as a behavioral model for developmentally delayed toddlers. Perceptual and Motor Skills, 1977, 44, 231-241.

Apolloni, T., & Cooke, T.P. Integrated programming at the infant, toddler, and preschool age levels. In M. Guralnick (Ed.), Early intervention and the integration of handicapped and non-handicapped children. Chicago: University Park Press, 1977.

Bricker, D., & Bricker, W. Infant, toddler, and preschool research and intervention project: report--year III. IMRID Behavioral Science Monograph, No. 23, George Peabody College, Nashville.

Connor, L. New directions in infant programs for the deaf. Volta Review, 1976, 78 (1), 8-15.

Cooke, S.A., Cooke, T.P., & Apolloni, T. Developing nonretarded toddlers as verbal models for retarded classmates. Child Study Journal, in press.

Cooke, T.P., Apolloni, T., & Cooke, S.A. Normal preschool children as behavioral models for retarded peers. Exceptional Children, 1977, 43 , (8),

Devoney, C., Guralnick, M.J., & Rubin, H. Integrating handicapped and nonhandicapped preschool children: Effects on social play. Childhood Education, 1974, 50, 360-364.

Guralnick, M.J. The value of integrating handicapped and nonhandicapped preschool children. American Journal of Orthopsychiatry, 1976, 42, 236-245.

Korn, M. The integration of handicapped children with non-handicapped children in a municipal day care center. Deficience Mentale/Mental Retardation, 1974, 24, 26-30.

Neisworth, J. and Nadle, R. Normalized day care: A philosophy and approach to integrating exceptional and normal children. Child Care Quarterly, 4 (3), 1975, 163-171.

Northcott, W.H. Candidate for integration: A hearing-impaired child in a regular nursery school. Young Children, 1970, 25, 367-380.

Porter, R.H., Ramsey, B., Tremblay, A., Iaccobo, M., & Crawley, S. Social interaction in heterogeneous groups of retarded and normally developing children: An observational study. In G.P. Sackett and H.C. Haywood (Eds.), Application of observational/ethological methods to the study of mental retardation. Chicago: University Park Press, in press.

Ray, J.S. Behavior of developmentally delayed and nondelayed toddler-age children: An ethological study. George Peabody College, unpublished manuscript.

Snyder, L., Cooke, T.P., & Apolloni, T. Integrated settings at the early childhood level: The role of nonretarded peers. Exceptional Children, 43, 262-266.

SEVERELY HANDICAPPED

Braddock, D. Opening closed doors: The deinstitutionalization of disabled individuals. Reston, VA: Council for Exceptional Children, 1977.

A survey of current trends and issues pertaining to institutionalization in America. The content is useful for program planning at state and local community levels. An annotated bibliography of 123 print and nonprint references is included.

Hewett, F. The orchestration of success. In A. Pappanikou and J. Paul (Eds.) Mainstreaming emotionally disturbed children. Syracuse: Syracuse University Press, 1977.

Wolfensberger, W. Normalization: The principle of normalization in human services. Toronto, Canada: National Institute on Mental Retardation, York University Campus (4700 Keele St., Downsview), 1972.

With major emphasis on the application of the principle of normalization as it regards the mentally retarded, three topical areas are presented: a definition of the principle and its implications; application of the principle to specific problem areas such as architectural-environmental areas and residential services; and concentration on special implementive strategies to achieve normalization via citizen advocacy or via agency performance assessment and differential funding.

APPENDIX IV-E

Additional Readings/Resources

EARLY CHILDHOOD

Hunter, M. The retarded child from birth to 5: A multidisciplinary program for the child and family. New York: John Day, 1972.

SEVERELY HANDICAPPED

Balthazar, E. Training the retarded at home or in school: A manual for parents, teachers and home trainers. Palo Alto, CA: Consulting Psychologists Press, 1976.

Men lascino, F. and Pearson, P. (Eds.) Beyond the limits: Innovations in services for the severely and profoundly retarded. Seattle: Bernie Straub Publishing Co. and Special Child Publications, 1976.

Speert, S. Continuing education. In N.G. Haring (ed.) Summer workshop for preparation of personnel in education of the severely and profoundly handicapped. Seattle, Washington: University of Washington, June 1976.

Utley, B. Holvoet, J. and Barnes, K. Handling, positioning and feeding the physically handicapped. In E. Sontag (Ed.) Educational Programming for the severely and profoundly handicapped. Reston, VA: Council for Exceptional Children, 1977.

APPENDIX IV-F

Additional Readings/Resources

Haring, N. Measurement and evaluation procedures for programming with the severely and profoundly handicapped. In E. Sontag, (Ed.), Educational Programming for the Severely and Profoundly Handicapped. Reston, VA: Council for Exceptional Children - Division on Mental Retardation, 1977.

Moore, C. Preschool programs for handicapped children: A guidebook for the development and operation of programs. Eugene, OR; Northwest Regional Resource Center, ND, 73-79.

Provus, M. Discrepancy evaluation for educational program improvement and assessment. Berkeley, CA: McCutchan Publishing Corporation, 1973.

Worell, J. and Nelson, C. Managing instructional problems. New York: McGraw-Hill Book Company, 1974, 294-311.

APPENDIX IV-G

Additional Readings/Resources

Baranyay, E. The mentally handicapped adolescent. Elmsford, NY: Pergamon Press Inc., 1971.

Explored is a method of family style living and integrated social and work training for mentally handicapped adolescents. Adolescents were taught specific production skills, personal responsibility for their work, how to travel independently, how to handle money, and other social skills. Results showed that 16% of the trainees secured employment as against the national average of 10% for those proceeding from industrial workshops to the open community.

Brown, L. and York, R. Developing programs for severely handicapped students: Teacher training and classroom instruction. Focus on Exceptional Children, April, 1974.

Fait, H. (Ed.) Curriculum guide for teaching physical education to the profoundly and severely retarded. Mansfield Depot, Connecticut: Mansfield Training School, Department of Physical Education, 1969.

Fredericks, H.D., et al. The teaching research curriculum for moderately and severely handicapped. Springfield, Illinois: Charles C. Thomas, 1976.

Gold, M.W. Preworkshop skills for the trainable: A sequential technique. Education and Training of the Mentally Retarded, 1968, 3, 31-37.

Task analysis, or the reduction of a task to its smallest component parts, is demonstrated here by trainable mentally retarded children for success in sheltered workshop activities. The purposes of the analysis are (a) to enable the teacher to teach by suitably small steps, and (b) to aid in locating a specific problem when a child encounters difficulty.

Guess, D., Sailor, W. and Baer, D. Functional speech and language training for the severely handicapped. Parts I and II. Lawrence, Kansas: H & H Enterprises, 1976.

Intervention. Tallahassee, FL: State of Florida Department of Health and Rehabitative Services, ND.

Learning steps: A handbook for persons working with deaf-blind children in residential settings. Prepared under the sponsorship of the Southwestern Region Deaf-Blind Center and the Bureau of Education of the Handicapped. Sacramento: California State Department of Education, 1976.

Levy, S.M., Pomerantz, D.J. & Gold, M.W. Work skill development. In N.G. Haring (Ed.), Teaching the Severely/Profoundly Handicapped Individuals. New York: Grune & Stratton, 1975.

This chapter provides a current account (1975) of the research on work skill development of the severely handicapped which has been going on at the Institute for Child Behavior and Development (Children's Research Center), University of Illinois at Urbana-Champaign since 1969. The three separate areas covered include pilot work on skill training with young children; pilot work on the acquisition of the necessary skills to assemble printed circuit boards with many components and a detailed discussion of the concept of job enlargement, from the industrial psychology literature.

Packman, M. (Ed.) One step at a time: A guide for prescriptive programming for severely and profoundly developmentally handicapped children. Baton Rouge, LA: Day Developmental Training Services Program, 1974. (Louisiana Division of Mental Retardation, P.O. Box 44215, Baton Rouge, LA 70804).

Smith, D. D., Smith, J. O. and Haring, N.G. The modified lattice system: An approach to the analysis and sequence of instructional objectives. In Summer Workshop for Preparation of Personnel in Education of the Severely/Profoundly Handicapped. Seattle, WA: University of Washington, June, 1976.

Systematic instruction of the severely handicapped. Medford, MA: Massachusetts Center for Program Development, ND.

Walsh-Donnellan, A., Gossage, L.D., LaVigna, G.W., Schuler, A., and Traphagen, J.D. Teaching makes a difference: A guide for developing successful classes for autistic and other severely handicapped children. Teacher's Manual. Santa Barbara, CA: Santa Barbara County Schools, 1976.

MEDIA

Cynthia Dresses Herself. Teaching Research Division, Monmouth, Oregon. Exceptional Child Program.

This film demonstrates learning principles for teaching the specific behavior of dressing.

TRAINING FILMS by Marc Gold. Indiananapolis, Indiana: Film Productions of Indianapolis.

Marc Gold's "try another way" means that when the learner has not been successful at the task, i.e., making a choice from 2 or more possibilities, rather than saying "no", instead say, "try another way." This emphasizes where to go to succeed instead of where the student has failed.

Gold feels that retarded children learn rapidly once they attend to the relevant stimuli and dimensions in a learning situation. A major task of the teacher of the developmentally young is to program the instructional materials so as to direct and maintain attention and thus facilitate learning.

Try Another Way

This initial film introduces Marc Gold, his philosophy and his technology for teaching complex assembly tasks to mentally retarded people at all levels of ability.

This film may change your view of what is meant by "retardation" and "employability."

Task Analysis: An Introduction to a Technology of Instruction.

Using task analysis and different formats, Dr. Gold teaches moderately retarded children to build blocks, use screwdrivers, and recognize coins.

Content and Process: Two Components of Task Analysis.

This film focuses on doing a content task analysis--breaking a task down into teachable components.

Formats for Single Pieces of Learning: Subcategories of Process Task Analysis

The formats of: match to sample; oddity; paired associate learning; and how to present a task are demonstrated.

Four additional training films are in production.

APPENDIX IV-G

A Review of Selected Available Objective - Based Curricula

Brown, L., Bellamy, T. and Sontag, E. The development and implementation of a public school prevocational training program for trainable retarded and severely emotionally disturbed children. Progress report, Part I, Madison, WI:, Badger School, 1971.

Brown, L., Bellamy, T., and Sontag, E. Toward the development and implementation of an empirically based public school program for trainable mentally retarded and severely emotionally disturbed students, Part II, Madison, WI: Badger School, 1972.

Information on the development and implementation of a prevocational program for trainable children, which included severely handicapped students, is provided in this report which was conducted at the Badger School in Madison, Wisconsin. The report begins with a discussion of the teaching methods and assumptions of the program and an explanation of the use of behavioristic task analysis. Specific prevocational behaviors, such as assembly line production rates, and the quality, quantity and durability or work performance are explored. In addition, the report gives detail on the home living skills program with the development of cooking, housekeeping and laundry skills emphasized. Also discussed in the report are the academic skills of a basic sight vocabulary, reading, addition and language, along with leisure and social skills. Part II in this series of reports includes a further explanation of the behavioristic task analysis through the presentation of eleven programs in academic skills, seven programs in home living skills and five programs in prevocational training. Each program is very specific as to the components of a given task (i.e., reading a restaurant menu in the academic skills section, using a kitchen stove in the prevocational training section).

Chalfant, J. and Silikovitz, R. Systematic instruction for retarded children -- The Illinois program part I: Teacher/parent guide, Los Angeles: Interstate Printers and Publishers, Inc., 1972.

Part I of the Illinois Program is a collection of information related to the general purpose and usability of the curriculum. In Chapter I, the authors provide background and development data on the program. In Chapter II, a complete listing of the contents of the other three parts is included. In Chapter III, the authors discuss the need for careful observation to assess programming needs. They provide forms and suggestions on conducting effective observation of students' behaviors. In Chapter IV, the lesson plan formats of the other parts are explained and an overview of the elements of those plans and their purposes is provided. Since the program is based on a behavioral model, the final chapter of Part I is devoted to the concepts of behavioral analysis and management.

Edgar, E. et al. The Washington state cooperative curriculum project. Tacoma, WA: Tacoma Public Schools, 1975.

The curriculum items consist of two parts, Objective Statements and Criteria Tests. The Objective Statements (OS) are a catalog of student performances in sixteen instructional areas. These OS's provide an evaluation of the student's repertoire of skills and behaviors and are presented in a format that (a) facilitates communication to all those concerned with the student and (b) provides a framework for the teacher's sequencing of instruction. Criteria Tests (CT) are the second part of the curriculum, providing (a) the operational definitions of the behaviors listed in the Objective Statements (OS) and (b) specifying the standards for assessment.

Gray, B. and Ryan, B. Language program for the non language child. Champaign, Illinois: Research Press, 1973.

This book, which was written for students, teachers and researchers, presents a behavioral interpretation of language, a resultant teaching strategy and data from eight years of experience with the method. The first chapter of the book presents the critical concepts of behaviorally-based language training and develops the basic teaching strategy. The strategy moves the child from simple to complex tasks and allows for the development of a social language through acquisition of a mini-language. Chapter Four presents the data and findings of the eight years of research with the program. Finally, in Chapter Five, the author speculates through the use of a behavioral model on the nature and future development of language research.

Kent, L. Language acquisition program for the retarded or multiply impaired. Champaign, Illinois: Research Press, 1974.

After several years of research, the author has published an operational manual for the teaching of language to severely retarded children. The program consists of a variety of tasks which are sequenced according to presumed difficulty. Within three major sections -- "Pre-Verbal," "Verbal-Expressive" -- are several phases which are further analyzed into parts. The "Pre-Verbal" section deals with the acquisition of prerequisite attending behaviors and motor imitation. The "Verbal-Receptive" and "Verbal-Expressive" sections include selected receptive and expressive skills such as pointing to body parts, finding objects named, naming colors and counting disappearing objectis. The language may either be oral or manual depending on the handicapping conditions and the age level of the student. The manual includes complete instructions for each part of the program. These instructions include an initial inventory, test-teach procedures, final inventory and retention checks (this includes criteria level where applicable), pre-session preparation and data recording. The entire system is based on training procedures that involve the principles of reinforcement theory. Through the use of a token economy, the system increases the likelihood of certain behaviors recurring and being maintained.

Linford, A. and Jeanrenaud, C. Systematic instruction for retarded children -- The Illinois program part IV: Motor performance and recreation instruction. Los Angeles: Interstate Printers and Publishers, Inc., 1972.

As with the other parts of the Illinois Program, Part IV uses the same basic lesson plan format: objective, rationale for teaching the skill, prerequisite skills, teaching procedure (which includes specific task requisites and evaluation criterion) and advanced skills section to extend the learning. The authors also supply an evaluation progress report form so as to maintain a record of growth. The chart takes into account the need for review of activities. Instead of fine and gross motor division, the authors have chosen to separate skills into basic movements, rhythms, arts and crafts and miscellaneous activities. Generally, those items in basic movement and rhythm can be considered gross motor activities: walking, marching, kicking, throwing, pulling and pushing, rolling, jumping, crawling, hopping, climbing, swinging, squatting, catching, kneeling, hitting, running, hanging, walking on a balance beam, stop and go, loud and soft, fast and slow, and combining dimensions of loudness and fastness. For fine motor activities the sections on arts and crafts and miscellaneous activities should be consulted: modeling with clay, drawing, pasting with glue, painting, cutting with scissors, tearing paper, bottle top capping, bead threading, clothes pin hanging, putting discs into a box, paper lacing, buttoning, bending over, go, stop, relays and sit-ups.

Linford, M., Hipsher, L. and Silikovitz, R. Systematic instruction for retarded children -- The Illinois program part III: Self-help instruction. Los Angeles: Interstate Printers and Publishers, Inc., 1972.

Part III of the Illinois Program consists of four programs related to the self-help skills of the student: dressing, dining, toilet training and grooming. The dressing program begins with an explanation of the backward chaining technique used in the program and describes the lesson plan format of objectives, materials, setting, teaching procedures (pretest, demonstration stage, task request, terminal behavior and posttest), rates, generalization and related clothing. The following teaching sequence is used with undressing being taught first in each category: sock, shoe, t-shirt, pants, dress, coat, hat, mittens, zipping, snapping, buttoning and typing. After a general introduction to the dining program, the program provides a description of the seven stages (entering, sitting, good sitting, good hands, good eating, use of utensils, excusing self), prerequisite skills and the physical setting. Each of the stages, except "use of utensils," is performed in a three phase teaching procedure from maximal physical assistance to self-initiation. The "use of utensils" stage is subdivided into use of a fork, spoon, knife, finger feeding and glass.

Each substage has a complete set of objectives, materials, physical setting, instruction, and teaching procedures. In the grooming program, the same lesson plan format is used in the

training of toothbrushing, hand washing, hair brushing and nose blowing skills. The toilet training program is divided into four sections: Comments on Basic Questions Raised by Parents and Child Care Workers; Observation and Record Keeping; Developing and Implementing a Toilet Training Schedule; and Developing the Child's Self Control. The program is based on reinforcement of the child's appropriate use of the toilet by helping him prevent accidents.

Myers, D., Sinco, M. and Stalma, E. The right to education child: A curriculum for the severely and profoundly mentally retarded. Springfield, Illinois: Charles C. Thomas.

Based on actual classroom experiences and action-oriented programs, the authors present this complete curriculum for the severely and profoundly retarded. The curriculum was developed through the use of task analysis to define small manageable steps of learning. The curriculum consists of units of instruction in four developmental areas: sensory, motor, self-care and language. Each of these areas has a competency checklist which can be used to determine the present functioning of the student. Also by using this information as baseline, the text provides instruction on charting progress. Each instructional unit provides instructional objectives, readiness level, procedures, task evaluation, materials and equipment. This sequentially developed curriculum uses descriptive illustrations in explaining procedures and tasks.

Quick, A., Little, T. and Campbell, A. Project Memphis: Enhancing developmental progress in preschool exceptional children. Belmont, CA: Fearon Publishers, Inc., 1974.

Project Memphis purports to inform and instruct personnel working with preschool handicapped children in the most effective ways of implementing and maintaining training programs. The manual provides both administrative and programming information especially designed for personnel with limited backgrounds in child development or special education. The program content centers around both the early education of handicapped children and parent training procedures. Project Memphis uses a three step system of evaluation, program planning and evaluation, with specific forms being provided for each. The remaining parts of the system include the "Developmental Skills Assignment Record," which is used to list skills to be learned; the "Continuous Record for Educational Development Gain" form, that provides an on-going record of the student's progress; and sample lesson plans and case studies to illustrate the system.

The Santa Cruz special education management system (The TBC/BCP). Palo Alto, CA: VORT, 1973.

The Santa Cruz Project presents a special education program with the necessary information for the management of that program. Included are a listing of a student competencies, procedures for program operation, and a system of administrative guidelines. The observation manual of the Behavioral Characteristics Progression (BCP) lists 2400 traits or behaviors which are arranged into fifty strands and fifty-five skill areas. The packet of materials supplies information on using the observation system, establishing program objectives, and charting progress. Instructions are given on the preparation of such forms as learner objectives, worksheets, and BCP-related activities. In the Task Based Composite (TBC) procedures, the system provides the administrative mechanism for operating a special education program. This includes information on both program and position descriptions, job descriptions, task time estimates, and program cost determinations. Both sections of the Special Education Management System have accompanying charts. In addition, the entire packet of material includes an introductory booklet and a booklet of appendices.

Shearer, D. et al. The Portage guide to early education. Portage, WI: Portage Project, 1976.

The Portage Guide is a set of assessment materials and activity cards developed for use with the preschool handicapped. The Guide covers five basic skill areas: cognition, self-help, motor, language and socialization. The instruction manual provides overview remarks and a checklist of behaviors for each skill area. Through the use of the checklist, the student's deficits and strengths can be determined. For each skill in the checklist, a corresponding activity card number is supplied. Each activity card provides the age level, title and a behavioral description of the skill. For each skill, the corresponding card lists several possible training activities along with the materials required. The cards are color coded according to the five skill areas. Together, the assessment and cards provide a system by which a teacher can complete a prescriptive program for each student.

Tawney, J. and Hipsher, L. Systematic instruction for retarded children -- the Illinois program part II: Systematic language instruction. Los Angeles, CA: Interstate Printers and Publishers, Inc., 1972.

Part II of the Illinois Program is a set of procedures designed to provide systematic instruction, reinforcement techniques and specific learning principles to increase the student's use of basic language. The authors furnish detailed information on the techniques to be used in the implementation of this program. These techniques include controlled language statements, provisions for motor responses, learning environment data, reinforcement hints, task analysis, pretest-teach-posttests methods, teaching to criteria guidelines and prerequisite skills. The manual provides clear descriptions and comments on the usability of the lesson plan elements: objective, prerequisite skills, materials, introductory comments, teaching procedures in

small steps, reinforcement procedure for each step, correction procedure for each step, notes and suggestions and generalizations and discriminations. The program requires the student make either motor and/or vocal responses. Since these responses to behaviors are vital to a student's progress in the program, a section on procedures for good attending, attending to own name and "touch" and "touch another" are provided. The lessons for language instructions are yes-no responses, object discrimination, question forms, actions, adjectives, prepositions, pronouns, plurals, adverbs, multiple commands and establishment of a chain of actions under a single vocal command. There are 24 lesson plans included in the guide.

APPENDIX IV-H

Additional Readings/Resources Early Childhood

Axline, V. Play therapy. New York: Ballantine Books, 1969.

Barnard, K., and Douglas, H. (Eds.). Child health assessment, Part I: A literature review. Bethesda, Maryland: Health, Education and Welfare, Public Health Service, Health Division of Nursing, 1976.

Brazelton, T. Infant's and mother's: Differences in development New York: Dell Publishing Company, 1969.

Cansler, D., Martin, G. and Valand, M. Working with families. Winston-Salem, N.C.: Kaplan Press, 1976.

Carlson, B. Listen! and help tell the story. Nashville, Tenn.: Abingdon Press, 1965.

Chapman, J. and Chapman, H. Behavior and health care: A humanistic helping process. St. Louis: C. V. Mosby Co., 1975.

Cratty, B. Perceptual and motor development in infants and children. New York: The MacMillan Co., 1970.

Finnie, N. Handling the young cerebral palsied child at home. New York: E. P. Dutton, 1970.

Fiorentino, M. Reflex testing methods for evaluating CNS development. Springfield, IL: Charles C. Thomas, 1973.

Fiorentino, M. Normal and abnormal development: The influence of primitive reflexes on motor development. Springfield, IL: Charles C. Thomas, 1972.

Gordon, I. Child learning through child play. New York: St. Martin's Press, 1970.

Gordon, I. Baby learning through baby play. New York: St. Martin's Press, 1970.

Hartley, R. and Goldenson, R. The complete book of children's play. New York: Thomas Y. Crowell Co., 1963.

Klauss, M. and Kennell, J. Maternal-infant bonding. St. Louis: C.V. Mosby Co., 1976.

Krajicek, M., Turner, C., Barnes, P., and Borthick, W. Stimulation activities guide birth to 5 years. Available from John F. Kennedy Center, University of Colorado Medical Center, 4200 E. 9th Ave., Denver, Colorado 80262. Cost $1.50.

Logan, J. There is more to toys. Reprint from Crippled Child, 4:3M 1257, National Society for Crippled Children and adults, 2023 W. Ogden, Chicago, Ill., October, 1957.

Marzollo, J. and Lloyd, J. Learning through play. New York: Harper & Row, 1972.

Mather, J. Make the most of your baby: A book for parents of mentally retarded infants and preschool children. Washington, D.C.: National Association for Retarded Citizens, 1974.

Mather, J. Learning can be child's play. Nashville, Tenn.: Abingdon Press, 1976.

Painter, G. Teach your baby. New York: Simon & Schuster, 1971.

Piaget, J., Wolf, P, and Spitz, R. Play and development. New York: W. W. Norton & Co., 1972.

Programming for atypical infants and their families. Monograph No. 1, United Cerebral Palsy Association, 66 E. 34th St., New York, NY 10016, 1976.

Programming for atypical infants and their families. Monograph No. 2, United Cerebral Palsy Association, 66 E. 34th St., New York, NY 10016, 1976.

Segner, L. and Patterson, C. Ways to help babies grow and learn: Activities for infant education. JFK Center, University of Colorado Medical Center, 4200 E. 9th Ave., Denver, Colo. 80262, 1970.

Sharp, E. Thinking is child's play. New York: Avon Books, 1969.

SEVERELY HANDICAPPED

Baker, B., Brightman, A., Heifetz, L., and Murphy, D. Steps to independence: A skill training series for children with special needs. Champaign, Ill.: Research Press, 1977.

Everard, M.P. An approach to teaching autistic children. New York: Pergamon Press, 1976.

Harris, S.L. Managing behavior, part 8: Teaching speech to a nonverbal child. Lawrence, Kansas: H & H Enterprises, 1976.

Independent living skills techniques manual. Unpublished manuscript, no date. (Mid-Nebraska Mental Retardation Services, 518 E. Side Blvd., Hastings, NB 68901).

Independent living track: Behavioral performance profile. Unpublished manuscript, Mid-Nebraska Mental Retardation Services, no date.

Panyan, M.C. Managing behavior, part 4: New ways to teach new skills. Lawrence, Kansas: H & H Enterprises, 1975.

Reid, E. R. Teacher behaviors important for reading success. Salt Lake City: Exemplary Center for Reading Instruction, 1974.

Ronayne, A. et al. Special techniques for teaching the severely and profoundly retarded. Pittsburgh: Allegheny Intermediate Unit, 1976. (Allegheny Intermediate Unit, Two Allegheny Center -- Suite 1300, Pittsburg, PA 15212).

Striefel, S. Managing behavior, part 7: Teaching a child to imitate. Lawrence, Kansas: H & H Enterprises, 1974.

MEDIA

P.E.: Lever to Learning. Falls Church, VA: Stuart Finley, Inc.

With inexpensive equipment such as logs, old tires, boards and ladders, a physical education specialist trains the retarded child while stimulating him mentally.

The Poppe Project: Behavior Shaping With the Severely Retarded.

Berkeley, California: University of California at Berkeley--Extension Media Center.

Documents a project to study a group of severely retarded children, using operant conditioning techniques to shape their behaviors in the areas of eating, dressing, structured and unstructured play, group interaction, and socialization of a beginning level.

APPENDIX IV-I

Additional Readings/Resources

Barrier-Free Architecture Literature, available free from the President's Committee on Employment of the Handicapped, Washington, D.C. 20210. Catalogues and Resources for Instructional Media and Materials.

Compendium of audiovisuals, printed materials, resources

New York, New York: United Cerebral Palsy Associations, Inc. (United Cerebral Palsy Nationally Organized Collaborative Project to Provide Comprehensive Services for Atypical Infants and Their Families, UCP, 66 E. 34th St., New York, New York 10016.

Gold, M.W. & Scott, K.G. Discrimination learning. In W.B. Stephens (Ed.), Training the Developmentally Young. New York: John Day, 1971, 420-444.

This chapter describes concepts from basic research on attention theory and discrimination learning in a manner designed to make the concepts useful to teachers and others working with normal or handicapped children.

Gold, M.W. & Barclay, C.R. The learning of difficult visual discriminations, by the moderately and severely retarded. Mental Retardation, 1973, 11, (2), 9-11.

A procedure to effectively and efficiently train moderately and severely retarded individuals to make fine visual discriminations is described. Results suggest that expectancies for such individuals are in need of examination. Implications for sheltered workshops, work activity centers and classrooms are discussed.

Gold, M.W. Stimulus factors in skill training of the retarded on a complex assembly task: Acquisition, transfer and retention. American Journal of Mental Deficiency, 1972, 76, 517-526.

Sixty-four moderately and severely retarded individuals enrolled in four sheltered workshops learned to assemble a 15-piece bicycle brake. Fifty-three of the subjects were retested on both tasks after one year. Training procedures utilized information obtained from the basic psychological research on discrimination learning. One-half of the subjects worked with the parts of the training task brake as they came from the factory (Form-only). The others worked with parts that were color coded (Color-Form). Coding consisted of painting that surface of each part that is facing the subjects when it is placed in the proper position for assembly. All groups worked with the parts of the transfer task brake as they came from the factory (Form-only). Half of the subjects learned the tasks to a criterion of 6 correct out of 8 consecutive trials; the other half performed 20 trials beyond criterion on the training task brake (overlearning). The Color-Form groups learned the training task brake significantly faster than the Form-only Groups. Overlearning did not affect transfer. The one year retention study yielded highly significant retention effects.

H.E.L.P-- Helping Educators Locate Products. American Association for the Education of Severely and Profoundly Handicapped. 1600 West Armory Way, Seattle, WA 98119.

McCarthy, J.J., Stevens, H.A., and Billingsley, J.F. Program development for severely retarded institutionalized children. Madison: The University of Wisconsin, 1969.

McDonald, E.T. and Schultz, A.R. Communication boards for cerebral-palsied children. Journal of Speech and Hearing Disorders, February, 1973, 38, (1), 73-88.

Material evaluation form. In Establishing Services for the Severely Handicapped in Public Schools. Salt Lake City, Utah: Southwest Regional Resource Center, University of Utah, 1975, 181-182.

Pupil-Based Information System (PBIS), P.O. Box 11132, Palo Alto, CA 94306. Materials Evaluation Forms.

Robinault, I.P. (Ed.) Functional aids for the multiply handicapped. Hagerstown, Maryland: Harper and Row, Publishers, Inc., 1973.

Robinson, L. and Croft, N. Vision up. Gooding, Idaho: Idaho State School for the Blind, 1975.

Standard criteria for the selection and evaluation of instructional materials (Teacher Level/National Level). Prepared by the ALRC/SO/NCEMMH Program. Distributed by NCEMMH, The Ohio State University, Columbus, Ohio 43210.

Van Etten, C., and Van Etten, G. The measurement of pupil progress and selecting instructional materials. Journal of Learning Disabilities, October, 1976, 9 (8), 469-480.

Wessel, J.A., Vogel, P., Knowles, C. and Green, G. "I CAN" physical education program. Hubbard Scientific Co., P.O. Box 104, Northbrook, Ill. 60062. (Field tested with trainable and severely retarded children 5-14 yrs).

Williams, W., Cyne, P., Johnson, F., Scheverman, N., Swetlik, B., and York, R. Skill sequences and curriculum development: Application of a rudimentary developmental math skill sequence in the instruction and evaluation of severely handicapped students. In N.G. Haring (Ed.) Summer Workshop for Preparation of Personnel in Education of the Severely/Profoundly Handicapped. Seattle: University of Washington, 1976.

Workshop: Creating instructional materials for handicapped learners from National Center on Educational Media and Materials for the Handicapped. Columbus, Ohio.

Package offers step-by-step instructions for conducting a training workshop which consists of two sessions -- "Adapting and Improving Instructional Materials" and "Evaluating Your Instructions Materials". A filmstrip-audio cassette presentation is also included.

Sources of Adaptive Devices, Physical Therapy Equipment and Mobility Aids

Adaptive Therapeutic Systems, Inc.
162 Ridge Road
Madison, CT 06443

John Ahlbin & Sons, Inc.
184 Garden Street
Bridgeport, CT 06605

American Hospital Supply Corporation
1450 Waukegan Road
McGraw Park, IL 60085

American Woodcraft, Inc.
P.O. Box 52
Union City, MI 49094

Battle Creek Equipment Company
304 West Jackson Street
Battle Creek, MI 49016

Behavioral Controls, Inc.
1506 West Pierce Street
Milwaukee, WI 53204

Cleo Living Aids
3957 Mayfield Road
Cleveland, OH 44121

A. Daigger and Company
159 West Kinzie Street
Chicago, IL 60610

Elgin Exercise Appliance Company
1002 East Third Street, Box 108
Sandwich, IL 60548

The Environmentals Company
Cushing Street
Ashburnham, MA 01430

Everest & Jennings, Inc.
1803 Pontius Avenue
Los Angeles, CA 90025

Fashionable
Rocky Hill, NJ 08553

Fred Sammons, Inc.
Box 32
Brookfield, IL 60513

Guardian Products., Inc.
8277 Lankershim Blvd.
North Hollywood, CA 91605

Gymnastic Supply Company
600 North Pacific Avenue
San Pedro, CA 90733

Hagman Enterprises
2606 East Glenoaks Blvd.
Glendale, CA 91205

Handicaps, Inc.
4335 So. Sante-Fe Drive
P.O. Box 1337
Englewood, CO 80110

H. C. Electronics, Inc.
(FM Phonic Ear)
250 Camino Alto
Mill Valley, CA 94941

Hycor, Incorporated
North Woburn Industrial Park
Woburn, MA 01801

International Society for Rehabilitation of the Disabled
17 East 45th Street
New York, NY 10017

Joyce Motion Picture Co.
P.O. Box 458
Northridge, CA 91324
(400 Sign Vocabulary by the Deaf Task Force of the California State Department of Health)

Marcy Gym Equipment Company
1736 Standard Avenue
Glendale, CA 91201

National Institute for Rehabilitation Engineering
Pompton Lakes, NJ 07442

North American Recreation Convertibles, Inc.
P.O. Box 668
Westport, CT 06880

Phonics Corporation
814 Thayer Avenue
Silver Spring, MD 20910

Porter Athletic Equipment
95555 Irving Park Road
Schiller Park, IL 60176

J. A. Preston Corporation
71 Fifth Avenue
New York, New York 10003

Royce International 4345 So. Santa Fe Drive
P.O. Box 1337
Englewood, CO 80110

Skill Development Equipment Co.
P.O. Box 6300
Anaheim, CA 92807

Snitz Manufacturing Company
2096 South Church Street
East Troy, WI 53120

Special Office for Materials Distribution
Indiana University
Audio-Visual Center
Bloomington, Indiana 47401
- Catalogue of Instructional Materials, March 1977
- Catalogue of Training Films and Other Media for Special Education, January 1977
- Catalogue of Video Tape Masters, February 1977
- Catalogue of Media Training Materials, February 1977

Theraplay Products
Division of PCA Industries, Inc.
29-24 40th Avenue
Long Island City, NY 11101

The Wheelchair Traveler
Ball Hill Road
Milford, NJ 03055

Wolverine Sports Supply
1643 So. State Street
Ann Arbor, MI 48104

York Barbell Company, Inc.
26 Ridge Avenue
York, PA 17405

APPENDIX IV-J

Additional Readings/Resources

Cohen, M.A., Gentry, N.D., Hulten, W.J., and Martin, G.L. Measures of Classroom Performance. In N.G. Haring and A. H. Hayden (Eds.) The Improvement of Instruction. Seattle: Special Child Publications, 1972.

Fredericks, H.D. et al. A data based classroom for the moderately and severely handicapped. Monmouth, Oregon: Instructional Development Corp., 1975.

Freschi, D.F. Where we are, where we are going, how we're getting there. Teaching Exceptional Children, 1974, 6 (2), 89-97.

IEP - Total Service Plan

		Special Education and Related Services	Start Date	Duration of Service
Student's Name	Placement Recommendation			
School	% of Time in Regular Education			
Meeting Date	Justification for Type of Placement (include other alternatives considered):			
Committee Members		Type of PE		
Parent Signature of Approval	Placement Date	Career Ed		

Present Levels of Performance	Long Range Goals	Annual Instructional Objectives for Each Goal (Include evaluation criteria)	Evaluation Procedures	Review Date
academic				
self-help				
social				
psychomotor				
prevocational/vocational				

Persons Responsible for Implementing IEP	Special Inst'l Media/Materials Needed (suggestions to implementors)

IEP - Total Service Plan

		Special Education and Related Services	Start Date	Duration of Service
Student's Name	Placement Recommendation			
School	% of Time in Regular Education			
Meeting Date	Justification for Type of Placement (include other alternatives considered):			
Committee Members		Type of PE		
Parent Signature of Approval	Placement Date	Career Ed		

Present Levels of Performance	Long Range Goals	Annual Instructional Objectives for Each Goal (Include evaluation criteria)	Evaluation Procedures	Review Date
academic				
self-help				
social				
psychomotor				
prevocational/vocational				

Persons Responsible for Implementing IEP	Special Inst'l Media/Materials Needed (suggestions to implementers)

Implementation Plan For _____

Student's Name

Short-Term Objectives (Sequence of Learning Steps For Annual Objective # _____)	Person Responsible	Instructional Strategies/ Techniques	Materials/Resources	Start Date	Measure of Student Progress	Date

Implementation Plan For _____

Student's Name

Short-Term Objectives (Sequence of Learning Steps For Annual Objective # _____)	Person Responsible	Instructional Strategies / Techniques	Materials / Resources	Start Date	Measure of Student Progress	Date

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